

Florida Department of State

Division of Corporations

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : PREMIER ADVISORY GROUP INC
Account Number : 120200000085
Phone : (305)370-9567
Fax Number : (305)675-0551

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: G.castilla@premieradvisorygroup.us

FLORIDA LIMITED LIABILITY CO. BLOSSOMING LEGACY LLC

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2022 JAN 18 AM 11:37

CLERK OF STATE
TALLAHASSEE, FLORIDA

2022 JAN 18 AM 8:47

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: BLOSSOMING LEGACY LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GUILLERMO CASTILLA-ROSELL

Name of Person

PREMIER ADVISORY GROUP INC

Firm/Company

8300 W FLAGLER STREET STE 254E

Address

MIAMI, FL 33144

City/State and Zip Code

G.CASTILLA@PREMIERADVISORYGROUP.US

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GUILLERMO CASTILLA 305 370-9567
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL
CLERK OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

BLOSSOMING LEGACY LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:4903 YORK STREETUNIT 102CAPE CORAL, FL 33904**Mailing Address:**4903 YORK STREETUNIT 102CAPE CORAL, FL 33904**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

PREMIER ADVISORY GROUP INC

Name

8300 W FLAGLER STREET STE 254EFlorida street address (P.O. Box **NOT** acceptable)MIAMIFL33144

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company in the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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 TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

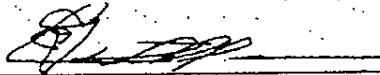
Name and Address:MGR

DAYANA FERNANDEZ MOLINA
 4903 YORK STREET UNIT 102
 CAPE CORAL, FL 33904

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JANUARY 11, 2022 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**BLOSSOMING LEGACY WILL PROVIDE INSURANCE ADVICE AND RELATED SERVICES TO THE GENERAL****REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

GUILLERMO CASTILLA-ROSELL

Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
 AMELIA J. GARCIA
 2022 JAN 18 AM 11:37

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