## L22000038935

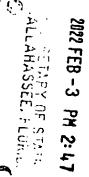
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(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Island Breeze in the I	Kevs LLC			
	<u></u>			
· · · · · · · · · · · · · · · · · · ·				
	·		<del></del>	Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
		·		Trade/Service Mark
				Merger File
				Art, of Amend. File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
			<del></del>	Certificate of Status
				Certificate of Fictitious Name
			ļ —	Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
			<del></del>	Vehicle Search
				Driving Record
Requested by: SETH			<u> </u>	UCC 1 or 3 File
Name	Date	Time	<u> </u>	UCC 11 Search
			\ <del></del>	UCC 11 Retrieval
Walk-In	Will Pick Up			Courier
			1	

## **COVER LETTER**

	Filing Sec sion of Cor	tion rporations			
SUBJECT:	Island Bree	zc in the Keys, LL	С		
SOBJECT.	<del> </del>	Nam	e of Limited Lia	bility Company	
The enclosed	Articles of	Organization and f	èe(s) are submit	ted for filing.	
Please return a	all correspo	ondence concerning	this matter to t	ne following:	
G	regory S. C	Propeza, Esq.			
_	-		Name	of Person	
O	ropeza, Sto	ones & Cardenas, P	LLC		
_			Firm	/Company	
22	21 Simonto	n Street			
_			, A	ddress	
K	ey West, F	L 33040			
she	llshan2@y	ahoo com	City/State	and Zip Code	
			be used for futu	re annual report notific	ation)
For further info	rmation co	ncerning this matte	r, please call:		
Ga	ie Ganister		305 at (	294-0252	
_	Nam	e of Person		Daytime Teleph	one Number
Enclosed is a	check for ti	he following amour	nt:		
□\$125.00 Fil	ling Fee	□\$130.00 Filing Certificate of Sta	atus Cer	\$155.00 Filing Fee & tified Copy ional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New Fi Divisio P.O. B	g Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section The Centre of Talla 2415 N. Monroe St Tallahassee, FL 32	thassee reet, Suite 810

ARTICLES O	FORGANIZATION FOR	FLORIDA LIN	ITIED LIABILITY COMPA	F 11. I	<b>D</b>
ARTICLE I - Name:				SECRETARY	OF STATE
The name of the Limited Liabilit	ty Company is:		·	and the second	
				2022 FEB -3	PM 4: 20
Island Breeze in the l	Kevs, LLC			2022 1 22	
(Must cont	ain the words "Limited	Liability Com	nany, "L.L.C.," or "LLC.	")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	office of the Li	mited Liability Company	is:	
<u>Princip</u>	al Office Address:		<u>Mailing</u>	Address:	
26 7th Street			218 44th Street		
Key Colony Beach, F	7L 33051		Hialeah, FL 33033		
(The Limited Liability Company another business entity with an a The name and the Florida street	active Florida registration address of the registere	on.) d agent are:	gent. Fou must designate	an individual of	
	Alejandro Bermudez			<del>_</del>	
		Name			
	218 44th Street				
	Florida street addres	ss (P.O. Box N	OT acceptable)		
	Hialeah	FL	33013		
	City	State	Zip		
laving been named as registered o	agent and to accept serv	ice of process	or the above stated limite	d liability compan	v at the
lace designated in this certificate,					

Having been named as registered agent and to accept service of process for the above stated limited liability company at 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..

Docusigned by:

Llyandro Bermudez

ASFB5252359NEgistered Agent's Signature (REQUIRED)

(CONTINUED)

## ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Alciandro Bermudez 218 E. 44th Street Hialeah, FL 33013
AMBR	Marlene Benitez  218 E. 44th Street Hialeah, FL 33013
	S PH 4: 20
(Use attachment if necessary)	
(If an effective date is listed, the date must the date of filing.)	be specific and cannot be more than five business days prior to or 90 days after s not meet the applicable statutory filing requirements, this date will not be listed as tment of State's records.
This document is I am aware that an constitutes a third	of a member or an authorized representative of a member.  executed in accordance with section 605.0203 (1) (b), Florida Statutes.  sy false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
Aleiandro l	Bermudez, AMBR

Filing Fees:

Typed or printed name of signce

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)