

L22000052957  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000054920 3)))



H220000549203ABCY

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

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

From: Account Name : MENDEZ ACCOUNTAX SERVICES, CORP  
 Account Number : I20060000145  
 Phone : (305)769-4936  
 Fax Number : (305)769-1844

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

2022 FEB 10 PM 3: 16

FILED

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
 500 BUILDING INVESTMENT, LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

2022 FEB 10 PM 1: 24

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I- Name:**

The name of the Limited Liability Company is:

**500 BUILDING INVESTMENT, LLC.**

**ARTICLE II- Address:**

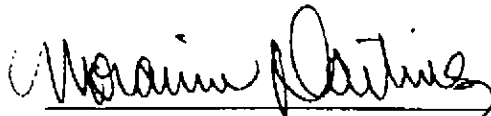
The mailing address and street address of the principal office of the Limited Liability Company is: **500 W 84 ST HIALEAH FL 33014**

**ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**NORAIMA MARTINEZ  
500 W 84 ST  
HIALEAH FL 33014**

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at 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

2022 FEB 10 PM 3:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**ARTICLE IV:**

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

**Title:**

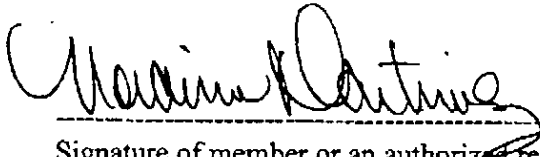
**Name and Address:**

**AMBR**

**OSMANY MARTINEZ  
500 W 84 ST  
HIALEAH, FL 33014**

**AMBR**

**NORAIMA MARTINEZ  
500 W 84 ST  
HIALEAH FL 33014**



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

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

**NORAIMA MARTINEZ**

-----  
Typed or printed name of signee.

2022 FEB 10 PM 3:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED