L22000084367

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



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TALES TO THE STATE

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

Thome. 030 330 1300						
ACCOUNT NO. : 12000000195						
REFERENCE: 516794 7950399						
AUTHORIZATION: Smelle le man						
COST LIMIT : \$ 125.00						
ORDER DATE : February 28, 2022						
ORDER TIME : 1:08 PM						
ORDER NO. : 516794-005						
CUSTOMER NO: 7950399						
DOMESTIC FILING						
NAME: 8000 PALMETTO BAY LLC						
EFFECTIVE DATE:						
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING						
CONTACT PERSON: Alexxis Weiland - EXT.						
EXAMINER'S INITIALS:						

COVER LETTER

TO:	New Filing Sec Division of Co						
	8000 Palm	etto Bay LLC					
SUBJECT:							
The encl	osed Articles of	Organization and fee(s)	are submitte	d for filing.			
		ondence concerning this r					
	JORGE M.	_		_			
		·	Name o	f Person			
	JORGE M. VIGIL, PA						
	Firm/Company						
	265 SEVILLA AVENUE						
	Address						
	CORAL GABLES, FL 33134						
City/State and Zip Code							
		iltor@gmail.com E-mail address: (to be use	d for fittire	annual report notificat	ion\		
				amuar report non near	iony		
For further	r information co	ncerning this matter, plea	ise cail:				
	Vivian Pou		786	497-4450			
	Nan	ne of Person	Area Code	Daytime Telephon	ne Number		
Pt	1 : l 1 · C 4	L. C. H					
		he following amount:			Total on But B		
□\$125.0	00 Filing Fée	□\$130.00 Filing Fee a Certificate of Status	Certif	55.00 Filing Fee & ied Copy nal copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	<u>Mailir</u>	ng Address		Street Address			
New Filing Section Division of Corporations				New Filing Section Division The Centre of Tallahassee			
P.O. Box 6327				2415 N. Monroe Street, Suite 810			
Tallahassee, FL 32314				Tallahassee, FL 32303			

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

2022 FEB 28 AM 10: 13

8000 Palmetto Bay LLC

(Must conatin 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:

Mailing Address:

8180 NW 36 Street, Suite 100F

Doral, FL 33166

8180 NW 36 Street, Suite 100F

Doral, FL 33166

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:

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.

Registered Agent's Signature (REQUIRED)

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Francisco Martinez 8180 NW 36 Street, Suite 100F Manager Doral, FL 33166 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _ . (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. REQUIRED SIGNATURE: Signature of a member of an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

Filing Fees:

I am aware that any false information submitted in a document to the Department of State

Typed or printed name of signce

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

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

Jorge M. Vigil