## L22000 142561

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## COVER LETTER

	New Filing Section Division of Corporations			
SUBJEC	North Atlantic Cas	tles, LLC		
	Name of I	Limited Liabil	ty Company	<u>_</u>
The enclo	sed Articles of Organization and fee(s)	are submitted	for tiling.	
Please ret	urn all correspondence concerning this	matter to the f	ollowing:	
	LUIS E. FERNANDEZ, ESQ.			
		Name of	Person	
	SENTINEL CORPORATE SERVIC	ES LLC		
		Firm/Co	mpany	
	14411 S. DIXIE HWY SUITE 220			
		Addr	288	
	MIAMI, FL 33176			
	PARALEGAL@LEF-LAW.COM	City/State and	d Zip Code	· · · · · · · · · · · · · · · · · · ·
	E-mail address: (to be us	ed for future a	nnual report notificati	ion)
For further	information concerning this matter, ple	ase call:		
	LUIS E. FERNANDEZ, ESQ	305	239-9427	
			)	
	Name of Person	Area Code	Daytime Telephon	e Number
Enclosed	is a check for the following amount:			
≣\$125.0	0 Filing Fee ☐\$130.00 Filing Fee Certificate of Status	Certific	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address	
	New Filing Section		New Filing Section Di The Centre of Tallaha	
	Division of Corporations P.O. Box 6327		the Centre of Tahan: 2415 N. Monroe Stre	
	Tallahassee, FL 32314		Tallahassee, FL 3230	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

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North Atlantic Castles, LLC

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

SECRETARY OF STATE TALEAHASSEE, FL

ARTICLE II - Address:

<u> P</u>	<u> Principal Office Address</u> :		Mailing Address:
14411 S. DEXIE	EHWY	[44]}	S. DIXIE HWY
SUITE 220		SUIT	3 220
MIAMI, FL 33	176	MIAN	II, FL 33176
The Limited Liability Co mother business entity w	red Agent, Registered Office, & Formpany cannot serve as its own Registration.)  street address of the registered agents.	gistered Agent, Y	
The Limited Liability Co another business entity w	ompany cannot serve as its own Regith an active Florida registration.)  street address of the registered ago  SENTINEL CORPORATE	gistered Agent, Y ent are: SERVICES LLC ame	
(The Limited Liability Co another business entity w	ompany cannot serve as its own Regith an active Florida registration.)  street address of the registered ago <u>SENTINEL CORPORATE</u> N	gistered Agent, Y ent are: SERVICES LLC ame	ou must designate an individual o
(The Limited Liability Co another business entity w	ompany cannot serve as its own Regith an active Florida registration.)  street address of the registered against SENTINEL CORPORATE  No. 14411 S. DEXIE HWY SUI	gistered Agent, Y ent are: SERVICES LLC ame	ou must designate an individual o

dIam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Luis C. Fernandez, Cag.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

## ARTICLE IV-

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

"MGR" = Manager	
C	Partice Disease
MGR	Rodrigo Blanco 14411 S. DIXIE HWY SUITE 220
	MIAMI, FL 33176
	set
	<b>AP8</b>
	F1: J
	मुह्य
(Use attachment if necessary)  LEV: Effective date, if other than the date	ete of filing: (OPTIONAL)
LE V: Effective date, if other than the date fective date is listed, the date must be of filing.) If the date inserted in this block does no	ste of filing:
I.E.V: Effective date, if other than the date feetive date is listed, the date must be of filing.) If the date inserted in this block does not ument's effective date on the Department.	specific and cannot be more than five business days prior to or 90 days the applicable statutory filing requirements, this date will not be
L.E.V: Effective date, if other than the datective date is listed, the date must be of filing.) If the date inserted in this block does not ument's effective date on the Department.	specific and cannot be more than five business days prior to or 90 days the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the date fective date is listed, the date must be of filing.) If the date inserted in this block does not ment's effective date on the Department. Other provisions, if any.  REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 days the meet the applicable statutory filing requirements, this date will not be not of State's records.
LE V: Effective date, if other than the date feetive date is listed, the date must be a of filing.)  If the date inserted in this block does no ument's effective date on the Departme LE VI: Other provisions, if any.  REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 days the meet the applicable statutory filing requirements, this date will not be not of State's records.
LE V: Effective date, if other than the date fective date is listed, the date must be of filing.)  If the date inserted in this block does no ument's effective date on the Departme LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a to the Departme of a to the Department of	specific and cannot be more than five business days prior to or 90 days the applicable statutory filing requirements, this date will not be

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)