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.

Electronic Filing Cover Sheet

(((H22000127404 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : SJ LAW GROUP PLLC

Account Number : I20180000047 Phone : (305) 878-1516

Fax Number : (786)542-5995

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

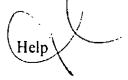
Email	Address:			
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FLORIDA LIMITED LIABILITY CO. MACOVA LLC

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

Electronic Filing Menu

Corporate Filing Menu



COVER LETTER

TO:	New Filing Se Division of Co							
SUBJEC	MACOV.	A LLC						
GODGEC	· · · · · · · · · · · · · · · · · · ·	Name of Li	mited Liabilit	y Company				
The encl	osed Articles o	f Organization and fee(s) as	re submitted f	or filing.				
Please re	turn all corresp	ondence concerning this m	atter to the fo	llowing:				
	JOAO PED	ORO VOLZ						
		·	Name of F	Person	 			
	VDT COR	PORATE SERVICES LLC						
		N-18-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Firm/Con	ıpany				
	150 SE 2N	D AVE SUITE 905						
		-	Addres	ss	<u>-</u>			
	MIAMI, FI	L 33131				<u></u>	20	
	MANAGEM) MENT@SAINTJOSEPHGF	City/State and ROUP.COM	Zip Code		LChi:	2022 APR	- ,
		E-mail address: (to be used		nual report notificat	ion)	SS:	7 2	-
For furthe	r information c	oncerning this matter, pleas	call:				A	
	JOAO PED	RO VOLZ 3	3 0 5	503-9867		NOT.	9: 5 -	€.
	Na		Area Code	Daytime Telephon	e Number	707	ຜ	
Enclosed	is a check for	the following amount:						
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certifie	Filing Fee & d Copy (copy is enclosed)	\$160.00 Filin Certificate of Certified Cop (additional cop	f Status &	d)	
		ing Address Filing Section		Street Address New Filing Section				

New Filing Section
Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	A	RT	ICI	.E.I	-	N٤	ım	e
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The name of the Limited Liability Company is:

MACOVA 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:

Mailing Address:

 150 SE 2ND AVE SUITE 906
 150 SE 2ND AVE SUITE 906

 MIAMI, FL 33131
 MIAMI, FL 33131

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:

VDT CORPORATE SERVICES LLC

Name

150 SE 2ND AVE SUITE 905

Florida street address (P.O. Box NOT acceptable)

MIAMI FL 33131
City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company \widehat{F} place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity \widehat{F} ; 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.

Carla Couto

Registered Agent's Signature (REQUIRED)

(CONTINUED)

O 04/07/2022 1:36 PM

RAFAEL MATEO COBO SEVILLA 150 SE 2ND AVE SUITE 906
150 SE 2ND AVE SUITE 906
150 SE 2ND AVE SUITE 906
MIAMI, FL 33131

→ 18506176381

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 hiot be that date as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

(Use attachment if necessary)

REOUIRED SIGNATURE:

Carla Couto

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.

CARLA COUTO

Typed or printed name of signee

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)