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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

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790 SHORES, LLC				
				
				Am of the 19th
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
		!		L.C. File
				Fictitious Name File
				Trade/Service Mark
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COVER LETTER

то:	New Filing Sec Division of Cor				
SUBJEC	790 Shore	es, LLC.			
30000		Nar	ne of Limited Liab	ility Company	
The encl	losed Articles of	Organization and	fee(s) are submitte	ed for filing.	
Please re	turn all correspo	ondence concernin	g this matter to the	following:	
		D;	anett Marant Name o	e of Person	
		Intl Unlir	nited Title G	roup, Inc.	
				Company	
		12905 S	W 42 Street	Suite 221	
			Miami, FL 3	3175	
			City/State a	and Zip Code	
		Email addrage tto	<u>intlunl@at</u>	t.net annual report notificat	(on)
For furthe		ncerning this matt		annual report notificat	(OII)
	Danett M	Marante	786 at (256-1526	
	Nam	e of Person	Area Code	Daytime Telephon	ne Number
Enclosed	l is a check for th	ne following amou	int:		
□\$125.	00 Filing Fee	□\$130.00 Filin Certificate of S	tatus Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	☐S160.00 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 D The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2022 APR -6 AM 10: 42

790 SHORES, LLC.

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

<u>SEUNE T</u>AND LE STATE TALLAHASSEF, ET

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
790 NE 96th Street	790 NE 96th Street
Miami Shores, FL 33138	Miami Shores, FL 33138

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:

Intl Unlimited Title C	froup, Inc.		
	Name		
12905 SW 42 Street	Suite 221		
Florida street addre	ess (P.O. Box 📉	T acceptab	le)
Miami	FL,	33175	_
City	State		Zip

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)

(CONTINUED)

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

"MBR" = Manager ANBR ANBR Enrique Bossa 290 NE 859 Sirect El Poral, FL 33138 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be cument's effective date on the Department of State's records. CLE VI: Other provisions, if any. REOURED SIGNATURE: Enrique Bossa Typed or printed name of signee Typed or printed name of signee Typed or printed name of signee		
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