

L22000166039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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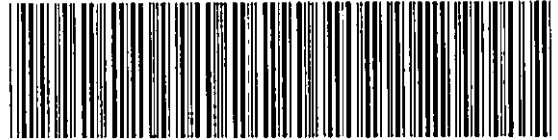
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FL

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

RESPITRACE LLC

Signature _____

Requested by: _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

____ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

____ Art. of Amend. File _____

____ RA Resignation _____

____ Dissolution / Withdrawal _____

____ Annual Report / Reinstatement _____

____ Cert. Copy _____

____ Photo Copy _____

____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

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____ UCC 11 Retrieval _____

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ARTICLES OF ORGANIZATION

OF

RESPITRACE LLC

2022 APR 20 PM 12: 23

**SECRETARY OF STATE
TALLAHASSEE, FL**

These Articles of Organization of **RESPITRACE LLC** (the "Company") have been duly executed and are being filed by the undersigned authorized representative of the member to form a Florida limited liability company under the Florida Revised Limited Liability Company Act (Florida Statutes Chapter 605) as follows:

ARTICLE I

Name

The name of the limited liability company formed hereby is **RESPITRACE LLC**.

ARTICLE II

Principal Place of Business and Mailing Address

The initial principal place of business address and mailing address of the Company is 2600 S Douglas RD, Suite 607, Coral Gables, FL 33134.

ARTICLE III

Registered Agent and Registered Office

The name and the Florida street address of the registered agent and registered office of the Company is Corporate Compliance Agents, Inc., 7901 4th ST N, Suite 300, St. Petersburg, FL 33702.

ARTICLE IV

Management

The name and address of the initial Manager is **GUSTAVO SAETTA**, c/o 2600 S. Douglas Rd, Suite 607, Coral Gables, FL 33134.

IN WITNESS WHEREOF, the undersigned executed these Articles of Organization on the 19th day of April, 2022.

By: 

Jorge L. Gurian, Esq.

Authorized Representative of the 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).

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT AND REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 OF THE FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA.

The name of the limited liability company is:

RESPITRACE LLC

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

CORPORATE COMPLIANCE AGENTS, INC.
7901 4TH ST N, SUITE 300
ST. PETERSBURG, FL 33134

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 the 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 in Chapter 605, F.S.

By: Sandra Sainz
Sandra Sainz, President of
Corporate Compliance Agents, Inc.

Date: April 19, 2022

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TALLAHASSEE, FL