

L22000191614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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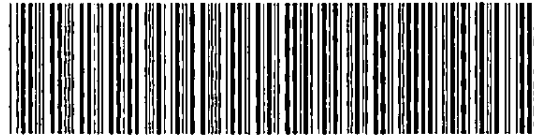
(Business Entity Name)

(Document Number)

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ALLAHASSEE, FL 061

SECRETARY OF STATE  
TALLAHASSEE, FL

9B

**CORPORATE  
ACCESS,  
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**ALTA RIVER NORTH LLC**

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

**IAL  
RUCTIONS:**

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** ALTA RIVER NORTH LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PATRICIA O ESPINOSA, ESQ.

Name of Person

PATRICIA O. ESPINOSA, P.A.

Firm/Company

2950 SW 27 AVENUE, SUITE 210

Address

MIAMI, FLORIDA 33133

City/State and Zip Code

PATTY@PESPINOSALAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICIA O ESPINOSA      305      448-5252  
Name of Person      at (      )      Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

2022 MAY -9 AM 10: 50

ALTA RIVER NORTH LLC

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

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TALLAHASSEE, FL

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2950 SW 27 AVENUE

SUITE 210

MIAMI, FLORIDA 33133

2950 SW 27 AVENUE

SUITE 210

MIAMI, FLORIDA 33133

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:

PATRICIA O ESPINOSA, ESQ.

Name

2950 SW 27TH AVENUE, SUITE 210

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

MIAMI

FL

33133

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..*

*Patricia O Espinosa*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

HENRY PINO  
2950 SW 27TH AVENUE, SUITE 210  
MIAMI, FLORIDA 33133

AMBR

ALTA DEVELOPMENT LLC  
2950 SW 27TH AVENUE, SUITE 210  
MIAMI, FLORIDA 33133

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TALLAHASSEE, FL

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(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 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.

HENRY PINO

\_\_\_\_\_  
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)