

L22 00023 66666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

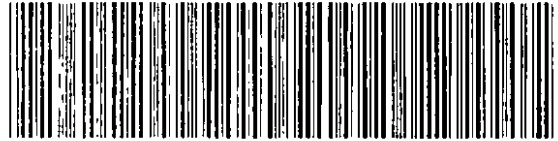
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

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2022 MAY 27 PM 12:47

CLERK OF COURT
TALLAHASSEE, FL 32301

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2022 JUN -1 AM 10:57

CLERK OF COURT
TALLAHASSEE, FL 32301

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 5/27 DANNY

CERTIFIED COPY

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LLC

1. PC ONE INVESTMENTS LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 1, 2022

Corrected

CORPORATE ACCESS

SUBJECT: PC ONE INVESTMENTS LLC
Ref. Number: W22000071496

We have received your document for PC ONE INVESTMENTS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the Registered Agents name exactly as it appears of DOS records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 922A00012265

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2022 JUN -1 AM 10: 57

ARTICLE I - Name:

The name of the Limited Liability Company is:

PC One Investments LLC

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

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II - Address:

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

Principal Office Address:

9155 S. Dadeland Blvd., Suite 1402
Miami, FL 33156

Mailing Address:

9155 S. Dadeland Blvd., Suite 1402
Miami, FL 33156

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:

Padial & Company, P.A.

Name

9155 S. Dadeland Blvd., Suite 1402

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

Miami

FL

33156

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..

Padial / Padial & Company PA
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:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:MGR

Carlos Puente
 1441 Brickell Avenue, Suite 1008
 Miami, FL 33131

MGR

Jose Verdi Orsi
 1441 Brickell Avenue, Suite 1008
 Miami, FL 33131

MGR

Gabriela Walbaum
 1441 Brickell Avenue, Suite 1008
 Miami, FL 33131

MGR

Karim Daneri
 1441 Brickell Avenue, Suite 1008
 Miami, FL 33131

(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.

carlos puente
 200801085079445

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)

2022 JUN - 1 AM 10:57
 SECRETARY OF STATE
 TALLAHASSEE, FL

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ARTICLE IV – CONTINUED

Title:

Name and Address:

MGR

Katia Aguirre
1441 Brickell Ave., #1008
Miami, FL 33131

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SECRETARY OF STATE
TALLAHASSEE, FL

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