

# L220000274744

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : ARES & COMPANY, C.P.A., P.A.  
Account Number : 120000000268  
Phone : (305)229-8256  
Fax Number : (305)229-8252

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

Email Address

*carlossj@friendly-hands.com*

**FLORIDA LIMITED LIABILITY CO.  
PLAYA 1209 CJS, LLC**

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

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2022 JUN 16 AM 8:41

DIVISION OF CORPORATIONS  
COMMERCIAL SERVICES

2022 JUN 16 PM 1:15

(# 22000207222 3)

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: PLAYA 1209 CJS, 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:

MILTON ARES

Name of Person

ARES & COMPANY CPA

Firm/Company

3636 SW 87 AVE

Address

MIAMI, FL 33165

City/State and Zip Code

CARLOSSJ@friendly-hands.com

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

For further information concerning this matter, please call:

YDIA TAPIA

305

229-8256

at ( )

Name of Person

Area Code

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

(# 22000207222 3)

2022 JUN 16 PM 1:15

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PLAYA 1209 CJS, 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:

14331 SW 120 ST, SUITE 208  
MIAMI, FL 33186-6832

14331 SW 120 ST, SUITE 208  
MIAMI, FL 33186-6832

**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:

CARLOS J SUAREZ

Name

14331 SW 120 ST SUITE 208

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

MIAMI

FL

33186-6832

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.

[Signature]  
Registered Agent's Signature (REQUIRED)

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(# 22000 207 222 3)

2022 JUN 16 PM 1:15

( #22000207222 3 )

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

N/A

**Name and Address:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(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.

N/A

2022 JUN 16 PM 1:15

**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 Javier Suarez

Typed or printed name of signer

**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)

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