

6/15/22, 2:51 PM Division of Corporations
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To:
 Division of Corporations
 Fax Number : (850)617-6381

From:
 Account Name : GEOFFREY M. WAYNE, P.A.
 Account Number : 076770003401
 Phone : (305)381-8108
 Fax Number : (305)381-8109

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

Email Address: CC@ABOGADOMIAMI.COM

2022 JUN 16 AM 10: 54
 REGISTRATION
 COMMERCIAL
 SERVICES

**FLORIDA LIMITED LIABILITY CO.
 RESPI 1224 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

22 JUN 16 PM 12: 35
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1/1 *GN*

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is: **RESPI 1224 LLC**

ARTICLE II – Address:

The mailing address of the Limited Liability Company is: 290 174th St., Apt. 803, Sunny Isles Beach, FL, 33160.

The street address of the principal office of the Limited Liability Company is: 290 174th St., Apt. 803, Sunny Isles Beach, FL, 33160.

ARTICLE III – Registered Agent, Registered Office, & Registered Agent’s Signature:

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

EXCELSIOR CORPORATE SERVICES LLC
135 San Lorenzo Ave., PH 840
Coral Gables, FL 33146

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.

Geoffrey M. Wayne

Registered Agent’s Signature

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ARTICLE IV – Management:

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

Manager	JUAN GABRIEL REYES VAREA 290 174th St., Apt. 803 Sunny Isles Beach, FL, 33160
Manager	MARIA VERONICA ESPINOSA GUARDERAS 290 174th St., Apt. 803 Sunny Isles Beach, FL, 33160

ARTICLE V – Effective date, if other than the date of filing: _____

ARTICLE VI – Other Provisions, if any.

Geoffrey M. Wayne, authorized representative of a member
Signature of a member or an authorized representative of a 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. 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.)

Geoffrey M. Wayne
Typed or printed name of signee

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)

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