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FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

# PLEASE FILE THE ATTACHED ARTICLES FOR:

# 1. LOS ALAMOS INVESTMENT LLC

PLEASE RETURN A STAMPED COPY & A CERTIFICATE OF GOOD STANDING

CHECK# 9319

FOR: \$390.00

\$130.00 for this filing

THANK YOU!

# **COVER LETTER**

	w Filing Sec vision of Cor			
SUBJECT:		MOS INVESTMENT LLC		
SUBJECT		Name of Lir	mited Liability Company	<del></del>
The enclose	d Articles of	Organization and fee(s) ar	e submitted for filing.	
Please retur	n all correspo	ondence concerning this m	atter to the following:	
	CLARA MO	NTEAGUDO		
			Name of Person	
	CBA MIAM	LLC		
	• • • • • • • • • • • • • • • • • • • •		Firm/Company	
	1600 PONC	E DE LEON BLVD., STE	901	
			Address	
	CORAL GA	BLES FL 33134		
jį	aime.rcyes@	cbamiamius.com	City/State and Zip Code	
_			for future annual report notificat	ion)
For further in	formation co	ncerning this matter, pleas	e call:	
(	CLARA MO	NTEAGUDO 7	303-1578	
-	Nam	<del></del> \_	rea Code Daytime Telephor	ne Number
Enclosed is	a check for the	he 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
		g Address	Street Address	
New Filing Section			New Filing Section D	Division a

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

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

A	R	ľ	C	I.	E	I	-	Na	m	e:
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The name of the Limited Liability Company is:

### LOS ALAMOS INVESTMENT 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:		
5757 COLLINS AVE # 701	1600 PONCE DE LEON BLVD STE 901		
MIAMI BEACH FL 33140	CORAL GABLES FL 33134		
· · · · · · · · · · · · · · · · · · ·			

## 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:

ALFREDO MARTI	NEZ	
	Name	
5757 COLLINS AV	Æ #701	
Florida street address	(P.O. Box NOT at	cceptable)
MIAMI BEACH	FL	33140
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 us provided for in Chapter 605, F.S..

Agent's Signature (REQUIRED)

(CONTINUED)

22 JUL 15 AH 4: 00

# 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	
· ·	
<u>MGR</u>	ALFREDO MARTINEZ 5757COLLINS AVE #701
	MIAMI BEACH FL 33140
	MINIMI BENCH LE SUNO
MGR	ALICIA TALLARICO
	5757COLLINS AVE #701
	MIAMI BEACH FL 33140
Man	01071 - 0 0 000 (000
MGR	GISELLE MARTINEZ 5757COLLINS AVE #701
	MIAMI BEACH FL 33140
	William DEACHT C 551 TO
(If an effective date is listed, the date muthe date of filing.)	the date of filing: 7/14/2022 (OPTIONAL) ist be specific and cannot be more than five business days prior to or 90 days after uses not meet the applicable statutory filing requirements, this date will not be listed as artment of State's records.
ARTICLE VI: Other provisions, if any. REAL ESTATE INVESTMENTS ALL. F	CELATED LEGAL BUSINESS
REQUIRED SIGNATURE:	Alfredo Mu
This document I am aware that	of a monther or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State rd degree felony as provided for in s.817.155, F.S.
	ALFREDO MARTINEZ
	Typed or printed name of signee
	N)

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)