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Office Use Only



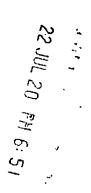
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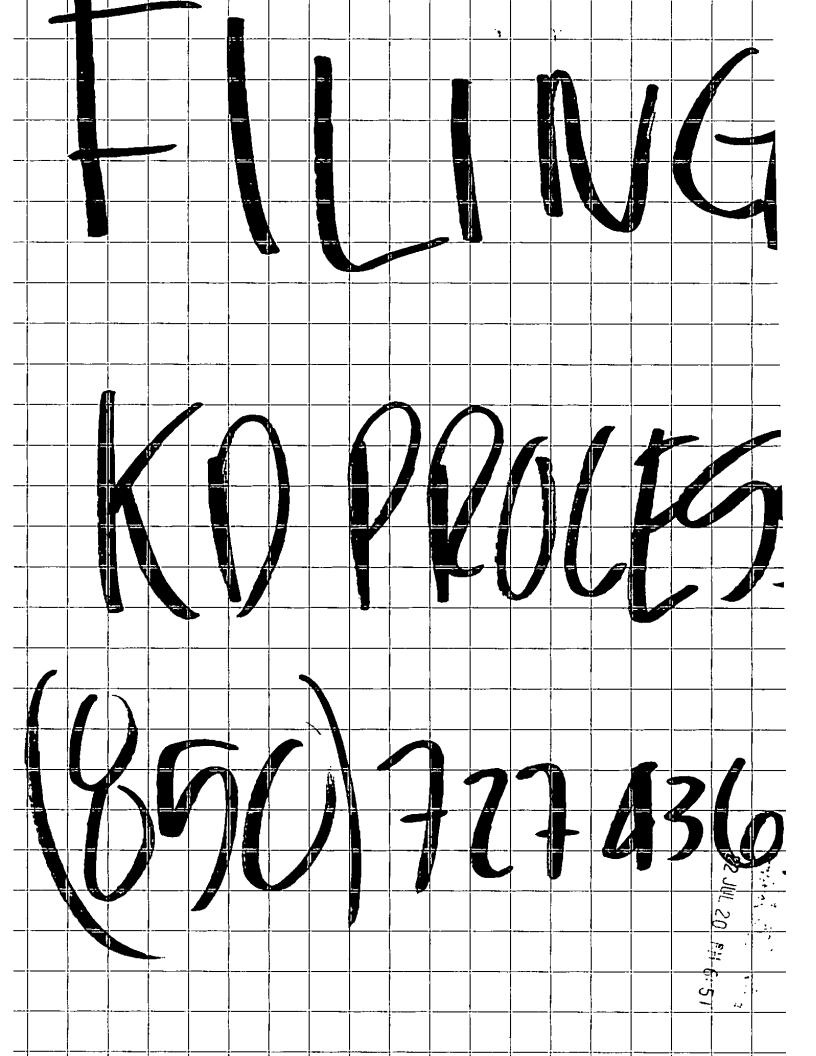
S. CHATHAM

07/20/02-41772 611 \*\*125.6

TALLAHASSEE, FLORIDA

2022 JUL 20 PM 1: 36





## COVER LETTER

TO: New Filing Section Division of Corporations

SUBJECT	Portafolio Diversificado Compound, LLC				
	Name of Limited Liability Company				
The enclos	ed Articles of Organization and fee(s) are submitted for filing.				
Please retu	n all correspondence concerning this matter to the following:				
	LUIS E. FERNANDEZ, ESQ.				
	Name of Person				
	SENTINEL CORPORATE SERVICES LLC				
	Firm/Company				
	14411 S. DIXIE HWY SUITE 220				
	Address				
	MIAMI, FL 33176				
	City/State and Zip Code PARALEGAL@LEF-LAW.COM				
	E-mail address: (to be used for future annual report notification)				
For further i	formation concerning this matter, please call:				
	LUIS E. FERNANDEZ, ESQ 305 239-9427				
	Name of Person Area Code Daytime Telephone Number				
Enclosed i	a check for the following amount:				
<b>≣</b> \$125.00	Filing Fee Status Statu				

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

ARTICLE 1 - Name:

The name of the Limited Liabil	lity Company is:				
Portafolio Diversifica	ado Compound, LLC				
		d Liability Compa	my, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street	address of the principal	Loffice of the Lim	ited Liability Company is:		
Principal Office Address:			Mailing Address:		
[441] S. DIXIE HWY			14411 S. DIXIE HWY		
SUITE 220			SUITE 220		
MIAMI, FL 33176			MIAMI, FL 33176		
	SENTINEL CORPORATE SERVICES LLC Name				
	Florida street address (P.O. Box NOT acceptable)				
	мамі	F1	33176		
	City	State	Zip		
Having heen named as registered place designated in this certifical further agree to comply with the	d agent and to accept se- te, I hereby accept the aj	rvice of process fo ppointment as reg	r the above stated limited liability company at the istered agent and agree to act in this capacity. I		

(CONTINUED)

22 JUL 20 PH 6:51

## ARTICLE IV-

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

<u>Title:</u> "AMBR	" = Authorized Member	Name and Address:	
"MGR"	= Manager		
MGR		RODRIGO BLANCO	
	······································	1441 S, DINIE HWY SUITE 220	
		MIAMI, FL 33176	· · · · · · · · · · · · · · · · · · ·
		<del></del> ;-	
	<del></del>		
		<del></del>	-
	<del></del>		
ARTICLE V: Ef	achment if necessary) Tective date, if other than the date o	f filing:	(OPTIONAL)
the date of filing.) Note: If the date	)	eet the applicable statutory filing r	e business days prior to or 90 days after equirements, this date will not be listed as
ARTICLE VI: O	ther provisions, if any.		
REOUI	RED SIGNATURE:		
	<del></del>	Podrigo Blanco	
		aber or all authorized represent:	ative of a member.
		d in accordance with section 605.0	
		information submitted in a docume	ent to the Department of State

Filing Fees:

RODRIGO BLANCO, MANAGER Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- 5 5.00 Certificate of Status (Optional)

as