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| (Requestor's Name) | | | |
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| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| PRIMA DOMUS 1615 LLC | | |
|----------------------|-------------|------------------------------------|
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| | | |
| | | A model of File |
| | | Art of Inc. File |
| | - | LTD Partnership File |
| | - | Foreign Corp. File |
| | - | L.C. File |
| | - | Fictitious Name File |
| | - | Trade/Service Mark |
| | - | Merger File 2 |
| | - | Art, of Amend. File |
| | - | RA Resignation State S |
| | - | Dissolution / Withdrawal |
| | - | Annual Report / Reinstatement / 37 |
| | - | Cert. Copy |
| | - | Photo Copy |
| | - | Certificate of Good Standing |
| | - | Certificate of Status |
| | - | Certificate of Fictitious Name |
| | - | Corp Record Search |
| | - | Officer Search |
| | | Fictitious Search |
| Signature | | Fictitious Owner Search |
| | | Vehicle Search |
| | | Driving Record |
| Requested by: | | UCC 1 or 3 File |
| Name Date | Time | UCC 11 Search |
| | | UCC 11 Retrieval |
| Walk-In Will Pick Up | | Courier |

ARTICLES OF ORGANIZATION

OF

PRIMA DOMUS 1615 LLC

ARTICLE 1 NAME

The name of the limited liability company is PRIMA DOMUS 1615 LLC.

ARTICLE 2 ADDRESS

The mailing address and street address of the principal office of the limited liability company are:

Principal Office Address:

3730 Southwest 123 Court

Miami, Florida 33175

Mailing Address:

P. O. Box 651069

Miami, Florida 33265-1069

ARTICLE III REGISTERED AGENT

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

Roxana I. Nasco, P.A. 2600 So. Douglas Road, Suite 913 Coral Gables, Florida 33134

ARTICLE IV MANAGEMENT

The name and address of the person authorized to manage and control the limited liability company is:

Title: Manager

Name and address:

SONOFEZ PROPERTY MANAGEMENT LLC

P. O. Box 651069 Miami, Florida 33265 These Articles of Organization 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 Section 817.155, Florida Statutes.

Roxuna I. Nasco, Adhorized Agent

ACCEPTANCE OF APPOINTMENT BY REGISTERED AGENT

Having been named as registered agent and to accept service of process for the above 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 property 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, Florida Statutes.

Roxana I. Maseo, Authorized Agent

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