L22000358118

(Requestor's Name)						
(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:						

Office Use Only



900392582999

S. CHATHAM AUG 17 2022

08/17/22--01001--022 **125.00

2022 AUG 16 PH 3: 11

CORPORATE ACCESS, _____

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

XX/AT IZ INI

	PICK	CUP:	8/16 DANNY	
XX	CERTIFIED COPY PHOTOCOPY CUS			
XX	FILING	LLC		
1.	SIRENA 1 MIAMI LLC (CORPORATE NAME AND DOCUM			
2.	(CORPORATE NAME AND DOCUM	MENT #)		Branch F 22 AUG 16
3.	(CORPORATE NAME AND DOCUM	MENT #)		S PART OF STATE OF ST
4.	(CORPORATE NAME AND DOCUM	MENT #)		55
5.	(CORPORATE NAME AND DOCUM	MENT #)		·
6.	(CORPORATE NAME AND DOCUM	MENT#)		
SPECIA INSTRU	L UCTIONS:			

COVER LETTER

SUBJECT:	Sirena	1 Miami	L-C				
	Name of Limi	ted Liability Company					
The enclosed Articles of	Organization and fee(s) are	submitted for filing.					
Please return all corresp	ondence concerning this matt	ter to the following:					
Adrian & Iri	_	·					
		Name of Person					
Garcia-Men	ocal trias & Pastort LLP						
	·	Firm/Company					
368 Minorca	a Avenue						
	Address						
Coral Gable	s. Fl. 33134						
adrian@gmil		y/State and Zip Code					
	E-mail address: (to be used f	or future annual report notificat	ion)				
For further information co	ncerning this matter, please	call:					
Adrian E Irias 3		400-9652					
Nag		a Code Daytime Telephon	e Number				
Enclosed is a check for t	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)				
Mailin	ng Address	Street Address					

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

ARTICLE I - Name:	•			
The name of the Limited Liability	Company is:			
·			11ami LLC	
(Must contai	in the words "Limited	Liability Compa	any, "E.L.C.," or "ELC.")	
ARTICLE II - Address: The mailing address and street add	dress of the principal o	effice of the Lim	nited Liability Company is:	
Principal Office Address:			Mailing Address:	
900 Biscayne Boulevard	Apt 901		900 Biscayne Boolevard Apt 901	
Miami, FL 33132			Miami, FL 33132	
another business entity with an ac The name and the Florida street at	-	d agent are:		
	Quella-Mellica Maria	Name		
	368 Minurea Avenue			
	Florida street addres	s (P.O. Box XC)T acceptable)	
	Curul Gables	FL	33134	
	City	State	Zip	
lace designated in this certificate, I urther agree to comply with the pro	I hereby accept the app visions of all stotutes r igations of my position	contiment as reg relating to the pr as registered ag	or the above stated limited liability company at the istered agent and agree to act in this capacity. I poper and complete performance of my duties, and gent as provided for in Chapter 605. F.S.	
		-	=	

22 AUG 16 AM IO: 15

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" - Manager Antonia Gulmo 900 Biscayne Boulevard Apt 901 Miami, FL 33132 (Use attachment if necessary) ARTICLE V: Effective date, if other the 1 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. REQUIRED SIGNATURE: Signature of a member or so 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 El \$317.155, F.S. Typed or printed name of signce <u>Filing Fees:</u> \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-