

L22000360886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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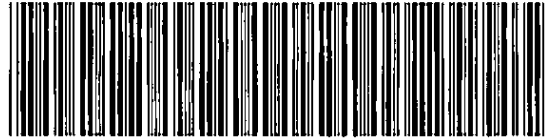
(Business Entity Name)

(Document Number)

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DATE: 08/18/22

NAME: OPULENCE MIAMI MANAGEMENT LLC

TYPE OF FILING: ARTICLES

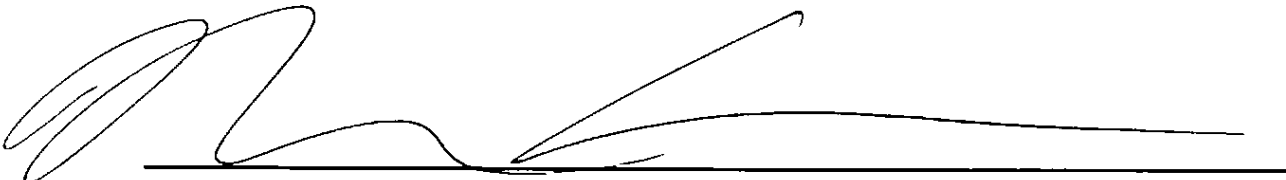
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COVER LETTER

**TO: New Filing Section
Division of Corporations**

OPULENCE MIAMI MANAGEMENT LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FELIPE URIARTE

Name of Person

OPULENCE MIAMI MANAGEMENT LLC

Firm/Company

2760 FAUST AVENUE

Address

LONG BEACH, CA 90815

City/State and Zip Code

phillvega@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FELIPE URIARTE

786

4594364

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

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

22 AUG 18 AM 3:20
FILING
DIVISION
CORPORATIONS
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OPULENCE MIAMI MANAGEMENT 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:

2760 FAUST AVENUE
LONG BEACH, CA 90815

Mailing Address:

2760 FAUST AVENUE
LONG BEACH, CA 90815

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:

Paracorp Incorporated

Name

155 OFFICE PLAZA DRIVE 1ST FLOOR

Florida street address (P.O. Box **NOT** acceptable)

TALLAHASSEE

FL

32301

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 as provided for in Chapter 605, F.S..

see attached

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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22 AUG 13 AM 3:20

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

FELIPE URTARTE
2760 FAUST AVENUE, LONG BEACH, CA 90815

MGR

RHIANNON GENOV
2760 FAUST AVENUE, LONG BEACH, CA 90815

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CORPORATIONS

(Use attachment if necessary)

ARTICLE V: Effective date, if other than 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:

Designated by:

Rhiannon Genov

Signature of a member or an 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 in s.817.155, F.S.

Rhiannon Genov Rhiannon Genov
Typed or printed name of signee

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)

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

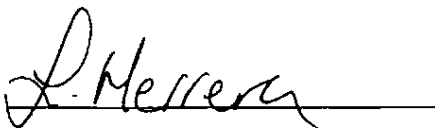
DATE: 8/16/2022

ENTITY NAME: Opulence Miami Management LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.



Leticia Herrera, Assistant Secretary
Paracorp Incorporated

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