

9/1/22, 1:06 PM

Division of Corporations

L 2 2 0 0 3 8 0 6 2 6

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000300982 3)))



H220003009823ABC-

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To:  
 Division of Corporations  
 Fax Number : (850)617-6381

From:  
 Account Name : FELDMAN & ASSOCIATES  
 Account Number : I20130000018  
 Phone : (305)931-0433  
 Fax Number : (866)856-1462

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: paul@feldmanclosings.com

**FLORIDA LIMITED LIABILITY CO.**

**Pichichis Land LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

2022 SEP -1 PH 1:30

SECTION OF STATE  
 DIVISION OF CORPORATIONS

2022 SEP -1 AM 9:10  
 DIVISION OF STATE  
 FLORIDA

L 2 2

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pichichis Land 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:

16001 Collins Avenue, Apt 3003  
Sunny Isles Beach, FL, 33160

16001 Collins Avenue, Apt 3003  
Sunny Isles Beach, FL, 33160

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:

PAUL FELDMAN, ESQ.  
N/A

2750 NE 185th Street, Suite 203  
Florida street address (P.O. Box **NOT** acceptable)  
Aventura FL 33180  
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 ~~his~~ his 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~~ Chapter 605, F.S.

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2022 SEP - 1 AM 9:10  
DEPT OF STATE  
TALLAHASSEE, FLORIDA  
... = D

