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Florida Department of State
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From: Account Name : SANCHEZ VADILLO LLP
Account Number : I20150000038
Phone : (305)485-9700
Fax Number : (813)492-8840

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

Email Address: corporations@flda.com

FLORIDA LIMITED LIABILITY CO.
7801 NW PROPERTY LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$125.00

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



September 16, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SANCHEZ VADILLO LLP

SUBJECT: 7801 NW PROPERTY LLC
REF: W22000117906

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RECEIVED
DIVISION OF CORPORATIONS
FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 7801 NW PROPERTY LLC
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:

XIOMARA POLANCO
Name of Person
SANCHEZ VADILLO LLP
Firm/Company
11402 NW 41 STREET, SUITE 202
Address
DORAL, FLORIDA 33178
City/State and Zip Code
CORPORATIONS@SVLAWUS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

XIOMARA POLANCO 305 485-9700
Name of Person at () Daytime Telephone Number
Area Code

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

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 DIVISION OF CORPORATIONS
 FLORIDA
 ED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

7801 NW PROPERTY 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:

4001 NW 77 AVENUE
MIAMI, FLORIDA 33166

Mailing Address:

4001 NW 77 AVENUE
MIAMI, FLORIDA 33166

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:

SANCHEZ VADILLO LLP

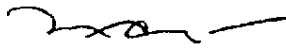
Name

11402 NW 41 STREET, SUITE 202

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

<u>DORAL</u>	<u>FLORIDA</u>	<u>33178</u>
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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

JOSE BANNA
4001 NW 77 AVENUE
MIAMI, FLORIDA 33166

MGR

ELIAS BANNA
4001 NW 77 AVENUE
MIAMI, FLORIDA 33166

(Use attachment if necessary)

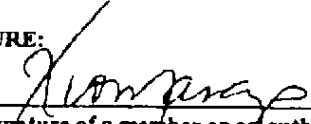
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



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.

Xiomara Polanco, Incorporator
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)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
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