

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

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
 Account Number : 110432003053
 Phone : (561)694-8107
 Fax Number : (561)214-8442

2022 SEP 19 AM 6:12

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

Email Address: Alex@22coreconstruction.com , Carlos@22coreconstruction.com

2022 SEP 19 PM 12:13

FLORIDA LIMITED LIABILITY CO.

Skye 23 LLC

Certificate of Status	1
Certified Copy	1
Page Count	04 3
Estimated Charge	\$160.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY - TEMPLATE

ARTICLE I - Name:

The name of the Limited Liability Company is:

Skye 23 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:

4919 SW 75 Ave Miami FL 33155

Mailing Address:

4919 SW 75 Ave Miami FL 33155

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:

Alexander P Becerra

Name

7960 SW 67 Ter

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

Miami

FL

33143

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.

Alexander Becerra

Registered Agent's Signature (REQUIRED)

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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:

AMBR

Alexander P Becerra
7960 SW 67 Ter Miami FL 33143

AMBR

Carlos E Saade-Becerra
3710 Le Jeune Rd Coral Gables FL 33134

MGR

Lourdes M Becerra
7960 SW 67 Ter Miami FL 33143

MGR

Elle A Saade-Becerra
3710 Le Jeune Rd Coral Gables FL 33134

(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:

Alexander Becerra

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.

Alexander P Becerra

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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