122000447299

(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

HL



600390063456

10/11/23--01632--023 **4125.00

SECRETARIA DE STATE

22 OCT | 1 AM 10:

COVER LETTER

	New runng Section Division of Corporati	ons						
	13685 NE 10	AVE, #202, LL	С					
SUBJEC	T:							
		Name of Lin	nited Liability	y Company				
The enclo	sed Articles of Organi	zation and fee(s) are	submitted f	or filing.				
Please ret	urn all correspondence	concerning this ma	tter to the fo	Howing:				
	LOURDES D. ERM	_						
	Name of Person							
	DERGAN ERMER LAW, PA							
	Firm/Company							
	7900 HARBOR ISLAND DRIVE, NO. 713A							
		<u></u>			 			
			Addres	SS				
	NORTH BAY VILLAGE, FL 33141							
	LDERMER@GMAI		ity/State and	Zip Code				
	E-mail a	iddress: (to be used	for future an	nual report notificati	on)			
For further	information concerning	g this matter, please	call:					
	Lourdes Ermer		305 213-4124					
		at ()					
	Name of Pe	rson A	rea Code	Daytime Telephone	e Number			
Enclosed	is a check for the follo	wing amount:						
		30.00 Filing Fee &	□\$155	00 Filing Fee &	□\$160.00 Filing Fee,			
=9120.0		ificate of Status	Certified		Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailino Add	·ess	e	treet Addross				
	Mailing Address New Filing Section			Street Address New Filing Section Division				
	Division of Corporations		The Centre of Tallahassee					
	P.O. Box 6327			2415 N. Monroe Street, Suite 810				
	Tallahassee, FL 32314		Tallahassee, FL 32303					

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	[/] E, #202, LLC	
(Must	contain the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")
RTICLE II - Address:		
ne mailing address and stre	eet address of the principal office of	of the Limited Liability Company is:
<u>Pri</u>	ncipal Office Address:	Mailing Address:
3535 South Oce	an Drive, Suite 2305	3535 South Ocean Drive, Suite 2305
Hollywood, FL 3:	3019	Hollywood, FL 33019
e Limited Liability Com ther business entity with	n an active Florida registration.) reet address of the registered agen ERIC R. GUILLEN	stered Agent. You must designate an individual or
The Limited Liability Compother business entity with	pany cannot serve as its own Regin an active Florida registration.) reet address of the registered agen ERIC R. GUILLEN Nan 3535 South Ocean Drive, S	stered Agent. You must designate an individual or it are:
The Limited Liability Components of the Componen	pany cannot serve as its own Regin n an active Florida registration.) reet address of the registered agen ERIC R. GUILLEN Nan	stered Agent. You must designate an individual or it are:
The Limited Liability Composite business entity with	pany cannot serve as its own Regin an active Florida registration.) reet address of the registered agen ERIC R. GUILLEN Nan 3535 South Ocean Drive, S	stered Agent. You must designate an individual or it are:

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:				
"AMBR" = Authorized Member					
"MGR" = Manager					
MGR	ERIC R. GUILLEN				
	3535 South Ocean Drive, Suite 2305 Hollywood, FL 33019				
AMBR	SYLVIA E. GUILLEN				
	3535 South Ocean Drive, Suite 2305 Hollywood, FL 33019				
	22				
-					
	SE 53				
(Use attachment if necessary)	2 6				
(If an effective date is listed, the date must be specthe date of filing.)	f filing:				
the document's effective date on the Department of					
ARTICLE VI: Other provisions, if any,					
REOUIRED SIGNATURE:					
Signature of a men	iber or an authorized representative of a member.				
This document is executed I am aware that any false in	d in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.				
Frie R. Guillen	as presided for motor relaction.				

Filing Fees:

Typed or printed name of signee

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)