

**L220000018475****Florida Department of State**

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : R&amp;P ACCOUNTING AND TAXES INC

Account Number : I20170000090

Phone : (305)358-1310

Fax Number : (305)503-6701

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.****MERAKI DC LLC**

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

2023-01-17 PM 1:16

23 JAN 17 PM 1:35

27x

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**

*The name of the Limited Liability Company:*

**January 12, 2023**

**MERAKI DC LLC**

*(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation  
"LLC," or "L.C.,")*

**ARTICLE II**

*The mailing address and street address of the principal office of the Limited Liability  
Company is:*

**Principal and Mailing Address  
150 SE 2ND AVE STE 404  
MIAMI, FL 3313**

23 JAN 17 4:10:35

**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:*

**R&P ACCOUNTING & TAXES, INC**

Name

**150 SE 2<sup>ND</sup> AVE SUITE 404**

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

**MIAMI, FL 33131**

**FL City, State, and 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.*

X-----

**Registered Agent's Signature (REQUIRED)**

23 JAN 17 PM 12:35

**ARTICLE IV**

(If there is more than one (1) AMBR - AUTHORIZED Member(s))

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

AMBR

DIANA PAOLA PIZA AVILA  
15432 SW 14TH ST  
MIAMI, FL 33151

AMBR

CESAR ESTEBAN SACRISTAN RIVERA  
15432 SW 14TH ST  
MIAMI, FL 33151

**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.)

January 12, 2023

**REQUIRED SIGNATURE**

X 

Signature of a member or an authorized representative of a member

DIANA PAOLA PIZA AVILA

(In accordance with section 605.0203(1)(b) Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

