

L23000 023229

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

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S. CHATHAM
JAN 20 2023

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2023 JAN 20 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
100 CLARE DRIVE
MILWAUKEE, FL 32309
0) 524-5437
0) 524-6243

EASE USE FUNDS FROM ACCT: 120210000160 AMOUNT: \$ \$125.00

AUTHORIZATION:

[Signature]

Pinetree Pinecrest LLC

Business Name

Document Number, (if known):

☐ Walk in

☐ Pick up time

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☐ Will wait ☐ Photocopy

☐ **Certified Copy of Articles of Organization**

☐ **Certificate of Status**

NEW FILINGS

☐ Profit

☐ Not for Profit

☒ Limited Liability

☐ Domestication

☐ Other

☐ **CORP**

☐ **PLLC**

AMMENDMENTS

☐ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ Conversion

☐ Amended and restated Articles

☐ **Statement of Authority**

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ APOSTIL()

Country

REGISTRATION/QUALIFICATIONS

☐ Foreign filing

☐ Limited Partnership

☐ Reinstatement

☐ Other

MANAGER'S INITIALS: _____

0 CLARE DRIVE
LLAHASSEE, FL 32309
0) 524-5437
0) 524-6243

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OTHER FILINGS

REGISTRATION/QUALIFICATIONS

☐ Annual Report

☐ Foreign filing

☐ Fictitious Name

☐ Limited Partnership

☐ Reinstatement

APOSTIL() _____

_____ Other

Country

OWNER'S INITIALS: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Zativa Pinecrest 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:

MARTIN E DELLOCA

Name of Person

MDELL CONSULTING CORP

Firm/Company

848 BRICKELL AVE STE 1130

Address

MIAMI, FL, 33131

City/State and Zip Code

MDELLOCA@MDELLCONSULTING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARTIN E DELLOCA

305

6073493

at ()

Name of Person

Area Code

Daytime Telephone Number

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CLE I - Name:

Name of the Limited Liability Company is:

Zativa Pinecrest LLC

(Must contain the words "Limited Liability Company, "L.L.C." or "LLC.")

CLE II - Address:

Mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

848 BRICKELL AVE
STE 1130
MIAMI, FL, 33131

848 BRICKELL AVE
STE 1130
MIAMI, FL, 33131

CLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

A Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or other business entity with an active Florida registration.)

Name and the Florida street address of the registered agent are:

BLUEMAX PARTNERS CORP
Name

848 BRICKELL AVE STE 1130
Florida street address (P.O. Box **NOT** acceptable)

<u>MIAMI</u>	<u>FLORIDA</u>	<u>33131</u>
City	State	Zip

I, _____, have been named as registered agent and to accept service of process for the above stated limited liability company at the address designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I 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.

mEdell Oca

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRET
DIVISION 3

Handwritten: 848 Brickell Ave Ste 1130

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

Mia Biz Group LLC
848 BRICKELL AVE STE 1130
MIAMI, FL, 33131

(Use attachment if necessary)

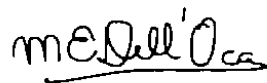
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

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 date of filing.)

te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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.

MARTIN E DELLOCA

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)