

L23000083770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

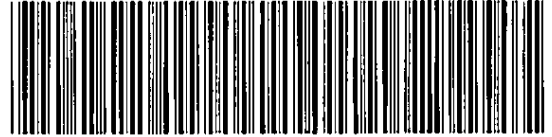
(Business Entity Name)

(Document Number)

Additional Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



500398249955

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2023 FEB 22 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2023 FEB 22 AM 8:33

TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

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

AUTHORIZATION: _____

El Tule, LLC

BUSINESS _____

Document Number, (if known):

___ Walk in

___ Pick up time _____

___ Mail out

___ Will wait ___ Photocopy

___ **Certified Copy of Articles of Organization**

___ **Certificate of Status**

NEW FILINGS

___ Profit

___ Not for Profit

X Limited Liability

___ Domestication

___ Other

___ **CORP**

___ **PLLC**

AMMENDMENTS

___ Amendment

___ Resignation of R.A. Officer/Director

___ Change of Registered Agent

___ Dissolution

___ Merger

___ **Conversion**

___ **Amended and restated Articles**

Statement of Authority

OTHER FILINGS

___ Annual Report

___ Fictitious Name

___ APOSTIL()___

Country

REGISTRATION/QUALIFICATIONS

___ Foreign filing

___ Limited Partnership

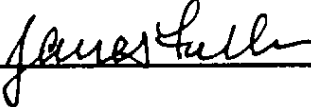
___ Reinstatement

___ Other

EXAMINER'S INITIALS: _____

FLORIDA CAPITAL COURIER SERVICES, INC
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____ Fictitious Name

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____ Foreign filing
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____ Reinstatement

____ Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: El Tule, 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:

Sandra Z. Green

Name of Person

Jonathan H. Green & Associates, P.A.

Firm/Company

901 Ponce de Leon Blvd., Suite 601

Address

Coral Gables, Florida 33134

City/State and Zip Code

szg@jhglaw.com

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

For further information concerning this matter, please call:

Sandra Z. Green 305 372-5100

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLE I - Name:

The name of the Limited Liability Company is:

El Tule, 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:

382 NE 191st Street, Suite 31904
Miami, Florida 33179 - 3899

Mailing Address:

382 NE 191st Street, Suite 31904
Miami, Florida 33179 - 3899

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.)

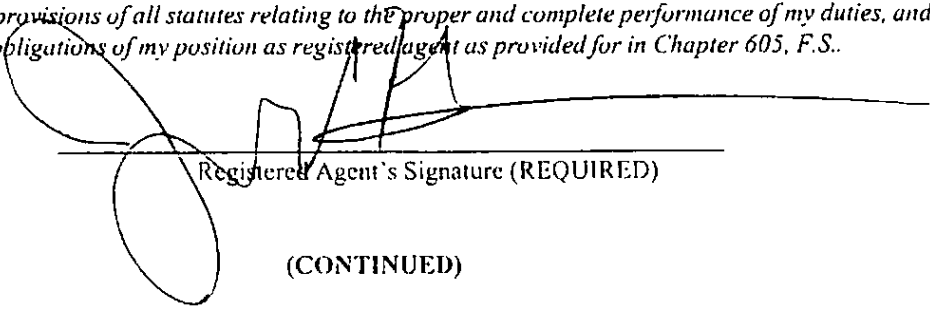
The name and the Florida street address of the registered agent are:

Jonathan H. Green & Associates, P.A.
Name

901 Ponce de Leon Blvd., Suite 601
Florida street address (P.O. Box **NOT** acceptable)

<u>Coral Gables</u>	<u>Florida</u>	<u>33134</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)

SECRETARY OF STATE
TALLAHASSEE, FL

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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

GAIA HOLDINGS LLC
228 Park Avenue S., Suite 31094
New York, NY 1003-1502

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

(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.

SANDRA Z. GREEN, ESQ.

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)