

L2300009267A

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

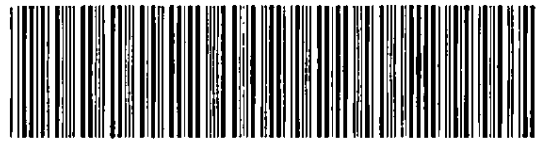
(Document Number)

Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Additional Instructions to Filing Officer:

Office Use Only



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03/01/23 --01008 --022 \*\*130.00

RECEIVED  
2023 MAR -1 PM 1:45  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2023 MAR -1 PM 1:45

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**COVER LETTER**

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

**SUBJECT:** Punto Arquitectonico LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Maria Celeste Mestre  
IWPS  
PO Box 830726  
Miami, FL 33283  
admin@iwps-latam.com

For further information concerning this matter, please call:

Maria Celeste Mestre at 305-408-9790

Enclosed is a check for the following amount:

|                                                                                                       |
|-------------------------------------------------------------------------------------------------------|
| <p>☐\$130.00<br/>Filing Fee &amp;<br/>Certificate of Status<br/>(additional copy is<br/>enclosed)</p> |
|-------------------------------------------------------------------------------------------------------|

**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: **Punto Arquitectonico 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:

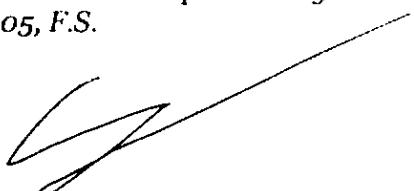
**Principal Office Address:**  
14231 SW 78 Street  
Miami, FL 33173

**Mailing Address:**  
PO Box 830726  
Miami, FL 33283

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

CA Corporate Services Inc.  
14231 SW 78 Street  
Miami, FL 33173

*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)

2023 . . . . .

#### 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<br>"MGR" = Manager<br>"AR" = Authorized Representative |                                                                                 |
| MGR                                                                               | Antonio Rosales<br>PO Box 830726<br>Miami, FL 33283                             |
| MGR                                                                               | Octavio Mestre<br>PO Box 830726<br>Miami, FL 33283                              |
| AR                                                                                | International Wealth Planning Solutions LLC<br>PO Box 830726<br>Miami, FL 33283 |

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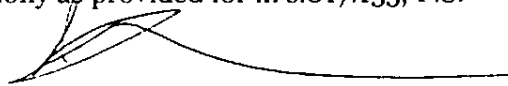
#### ARTICLE V:

Effective date: Date of filing:

#### 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.

  
\_\_\_\_\_  
International Wealth Planning Solutions LLC

#### 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)**