L23000092674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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:

☐$130.00
Filling Fee &
Certificate of Status
(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: **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)

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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 "AR" = Authorized Representative	
MGR	Antonio Rosales PO Box 830726 Miami, FL 33283
MGR	Octavio Mestre PO Box 830726 Miami, FL 33283
AR	International Wealth Planning Solutions LLC PO Box 830726 Miami, FL 33283

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)