

L23000133136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

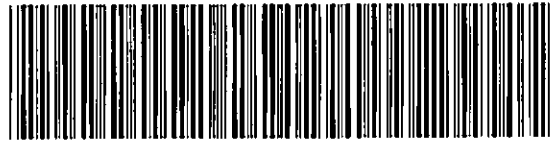
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



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S. CHATHAM

MAR 23 2023

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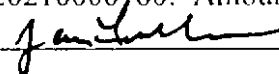
2023 MAR 22 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ms

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

Please use funds from this account: 120210000160: Amount: \$ 125.00

Authorization Signature:   
APHODITHE LLC

Business

Document

     **Certified Copy of Articles of Incorporation**

     **Certificate of Status**

**NEW FILINGS**

     Profit Corp  
     Not for Profit  
  X   Limited Liability  
  
     Domestication  
     Other  
     **CORP**  
     **LP**

**AMMENDMENTS**

     Amendment  
     Resignation of R.A. Officer/Director  
  
     Change of Registered Agent or office  
     Dissolution  
     Merger  
     **Conversion**  
     **Amended and restated Articles**  
     Revocation of Dissolution

**OTHER FILINGS**

     Annual Report  
  
     Fictitious Name  
  
     APOSTILLE                       
                    **Country**

**REGISTRATION/QUALIFICATIONS**

     Foreign filing  
     Limited Partnership  
     Reinstatement  
  
     Other

EXAMINER'S INITIALS:

**COVER LETTER**

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

**SUBJECT:** Aphodithe 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  
\_\_\_\_\_  
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 &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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:

Aphodithe 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:

848 BRICKELL AVE

STE 1130

MIAMI, FL, 33131

Mailing Address:

848 BRICKELL AVE

STE 1130

MIAMI, FL, 33131

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:

BLUEMAX PARTNERS CORP

Name

848 BRICKELL AVE STE 1130

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

MIAMI

City

FLORIDA

State

33131

Zip

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TALLAHASSEE, FL

*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..*

medell Oca

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

Romina Constanza Pfeiffer  
848 BRICKELL AVE STE 1130  
MIAMI, FL, 33131

MGR

Carlos Santiago Pfeiffer  
848 BRICKELL AVE STE 1130  
MIAMI, FL, 33131

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(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:**

*me Del'oca*

**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)