

3/24/23, 1:53 PM

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO.  
2100 SILVER BLUFF LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

25 PM 1:11

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DocuSign Envelope ID: 2E06CC2C-5546-4463-9FED-7EB97304C99D

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2100 SILVER BLUFF 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:

Mailing Address:

545 NW 10th St  
Homestead FL 33030

545 NW 10th St  
Homestead FL 33030

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:

Yainer Valverde

Name

545 NW 10th St

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

Homestead

FL

33030

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.*

DocuSign by

Yainer Valverde

24CE349A41E0182

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

AMBR

Roxana E Valverde

545 NW 10th St

Homestead FL 33030

AMBR

Luis Macqueira

3764 Estrella Ave

Doral FL 33176

AMBR

Luz M Vargas

3550 NW 85 CT APT 345

Doral FL 33123

(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:**

Designated by:

*Roxana Valverde*

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.

Roxana Valverde

Typed or printed name of signer

**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)