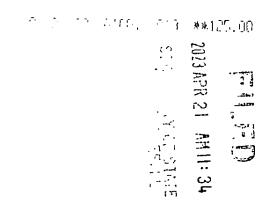
L23000201119

(Re	questor's Name)	
(Ad	dress)	
- (Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
,	,	-,
(Do	cument Number)	
(,	
Certified Copies	Certificates	of Status
ocitined copies	_ Certificates	Ol Glatus
Special Instructions to	Filing Officer:	

Office Use Only



100405820731





CORPORATE

When you need ACCESS to the world

ACCESS, ____ INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	CERTIFIED COPY		
xx	РНОТОСОРУ		
	CUS		
XX	FILING	LLC	
_	MASTERPIECE BY COCORPORATE NAME AND DOCU	DNATANTINO, LLC MENT #)	-
	(CORPORATE NAME AND DOCUM	MENT #)	
	(CORPORATE NAME AND DOCU	MENT#)	
	(CORPORATE NAME AND DOCUM	MENT #)	
<u>-</u> (CORPORATE NAME AND DOCU	MENT #)	

Articles of Organization For Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:

MASTERPIECE BY CONSTANTINO, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

2310 South Dixie Highway Coconut Grove, Fl 33133

The mailing address of the Limited Liability Company is:

2310 South Dixie Highway Coconut Grove, Fl 33133

The email address to receive notifications from the Florida Department of State is:

admin@porrellolaw.com

Article III

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

Joseph A. Porrello, Esq. 7700 N. Kendall Drive Suite 602 Miami, FL 33156

Having been named as registered agent and to accept service of the 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.

Registered agent signature: /s/ Joseph A. Porrello, Esq.

Article IV

The Limited Liability Company will be a manager-managed company. The name and address of person authorized to manage Limited Liability Company is:

Constantino Mendieta Title: Manager 2310 South Dixie Highway Coconut Grove, Fl 33133

Signature of member or an authorized representative: /s/ Constantino Mendieta

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

2023 APR 21 AM 11: 34

2023 APR 21 AMT1: 31