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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

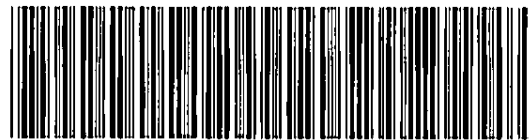
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**COVER LETTER**

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

**SUBJECT:** Lemartec-NV2A JV, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Timothy P. Atkinson

\_\_\_\_\_  
Name of Person

Oertel Fernandez Bryant & Atkinson PA

\_\_\_\_\_  
Firm/Company

PO Box 1110

\_\_\_\_\_  
Address

Tallahassee, FL 32302

\_\_\_\_\_  
City/State and Zip Code

llevin@lemartec.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Allyne M. Smith

850

521-0700

at (\_\_\_\_\_) \_\_\_\_\_

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations

**Street Address**

New Filing Section Division  
The Centre of Tallahassee

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lemartec-NV2A JV, 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:

3390 Mary Street, Suite 166  
Coconut Grove, FL 33133

3390 Mary Street, Suite 166  
Coconut Grove, FL 33133

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:

Corporation Service Company  
Name

1201 Hays Street  
Florida street address (P.O. Box **NOT** acceptable)

<u>Tallahassee</u>	<u>FL</u>	<u>32301-2525</u>
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.

Danielle Ellenberger

Danielle Ellenberger Asst. Secretary

Registered Agent's Signature (REQUIRED)

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FBI  
Tallahassee

**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

Lemartec Corporation  
3390 Mary Street, Suite 166  
Coconut Grove, FL 33133

AMBR

NV2A Group, LLC  
9100 S Dadeland Blvd #600  
Miami, FL 33156

See attached List

(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:**

  
\_\_\_\_\_  
**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.

Jose Garcia Tuñon

\_\_\_\_\_  
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)**

Article IV Continued - Lemartec-NV2A JV, LLC

<b>Title</b>	<b>Name and Address</b>
President and Manager	Manuel Garcia-Tuñon 3390 Mary Street, Suite 166 Coconut Grove, FL 33133
Vice President and Treasurer	Jose Garcia-Tuñon 3390 Mary Street, Suite 166 Coconut Grove, FL 33133
Vice President	Maria Suarez 3390 Mary Street, Suite 166 Coconut Grove, FL 33133
Vice President	Gilberto Neves 9100 S. Dadeland Blvd. Suite 600 Miami, FL 33156
Vice President, Secretary, and Manager	Agustin R. Arellano, Jr. 9100 S. Dadeland Blvd. Suite 600 Miami, FL 33156

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