# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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## FLORIDA LIMITED LIABILITY CO. SALAS ADVISOR LLC

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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
SALAS ADVISOR LLC	
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	, , ,
Principal Office Address:	Mailing Address:
16125 SW 98 CT	6125 SW 98 CT

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

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

another business entity with an active Florida registration.)

PETER JUSTINO S.	ALAS	
	Name	
6125 SW 98 CT		
Florida street addres	is (P.O. Box <u>NOT</u> a	cceptable)
міамі	FL	33 <u>157</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 felating 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 603, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

To:

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The name and address of each person authorized to manage and control the Limited Liability Company:

	Title: "AMBR" = Authorized i	Member	Name and Address:		
	"MGR" + Manager				
	AMBR	-	PETER JUSTINO SALAS		_
			6125 SW 98 CT MIAMI, FL 33157	·	-
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	(Use attachment if neces	sary)			<i>i</i> ,
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	f the date inserted in this t ament's effective date on t		t the applicable statutory filing requirementations records.	ents, this date will not	t be listed as
ARTIC	LE VI: Other provisions, if	any.			
		71			
		<i>[</i> ]			
	REQUIRED SIGNATU	TOU.			
	REODIREDSIGNATO	Leister Marie			
	This doe	ument is executed are that any false in:	er or an authorized representative of a in accordance with section 605.0203 (1) formation submitted in a document to the lony as provided for in s.817.155, F.S.	(b), Florida Statutes.	
	<u>p</u>	ETER JUSTINO S	ALAS		
		T	yped 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)
- 8 5.00 Certificate of Status (Optional)