

123000330779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

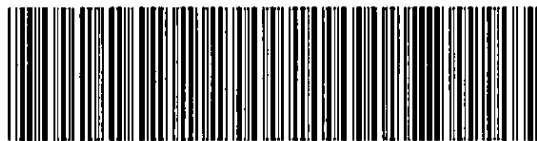
(Document Number)

Certified Copies _____

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Office Use Only



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Handwritten signature and date 7/13/23

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2023 JUL 13 AM 1:06

SECRETARY OF STATE
TALLAHASSEE, FL

Handwritten mark

2023 JUL 13 AM 11:53



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 07/13/2023

Name: Chris Vick

Reference #: 2064348

Entity Name: GOLDEN GLADES INTERCHANGE PARTNERS JOINT VENTURE, LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other CERTIFIED COPY UPON FILING

Authorized Amount: \$155.00

Signature: 

COVER LETTER

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

SUBJECT: Golden Glades Interchange Partners Joint Venture, 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:

Paul Washington

Name of Person

OHLA USA, Inc.

Firm/Company

9675 NW 117th Avenue, Suite 108

Address

Miami, Florida 33178

City/State and Zip Code

ohlacompliance@ohla-usa.com

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

For further information concerning this matter, please call:

Paul Washington

at (786)

418-3740

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
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Golden Glades Interchange Partners Joint Venture, 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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>9675 NW 117th Avenue, Suite 108</u>	<u>9675 NW 117th Avenue, Suite 108</u>
<u>Miami, Florida 33178</u>	<u>Miami, Florida 33178</u>

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:

<u>Cogency Global Inc.</u>		
Name		
<u>115 North Calhoun Street, Suite 4</u>		
Florida street address (P.O. Box NOT acceptable)		
<u>Tallahassee</u>	<u>Florida</u>	<u>32301</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.

/s/ David Feins, Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

MGR

MGR

Name and Address:

Daniel Ruiz Andujar

9675 NW 117th Avenue, Suite 108

Miami, Florida 33178

Donald Hickey

9675 NW 117th Avenue, Suite 108

Miami, Florida 33178

Jack Calandros

10210 Highland Manor Dr., Suite 110

Tampa, FL 33610

Jesus Diez De Ulzurrun

10210 Highland Manor Dr., Suite 110

Tampa, FL 33610

(Use attachment if necessary)

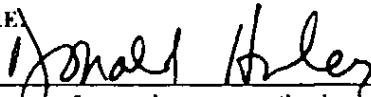
ARTICLE V: Effective date, if other than the date of filing: _____, (OPTIONAL)

(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.

Donald Hickey

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)

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