Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6381 From: Account Name : CAPITOL SERVICES, INC. Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622 Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: FLORIDA LIMITED LIABILITY CO. 850 N MIAMI AVE W-904 LLC Certificate of Status 1 Certified Copy 04 Page Count Estimated Charge \$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

DocuSign Envelope ID: 7C8A1B7B-9327-4A4A-BA57-830F26F7935E

	COVER LETTER	H23000245639
TO: N	ew Filing Section division of Corporations	
SUBJECT	850 N Miami Ave W-904 LLC	
SOBJECT	Name of Limited Liability Company	-
The enclos	sed Articles of Organization and fee(s) are submitted for filing.	
Please retu	im all correspondence concerning this matter to the following:	
	Martin Espinoza	
	Name of Person	
	Firm/Company	2023 SEC
	1900 Half St. SW APT 119	ZOZ3 JUL 13 SECRETARY
	Address	TARY Allas
	Washington DC 20024	
	City/State and Zip Code	AMII: 0
-	espinozamartin34@gmail.com E-mail address: (to be used for future annual report notification)	
For further is	nformation concerning this matter, please call:	
	Martin Espinoza 732 343-2055 at ()	
	Name of Person Area Code Daytime Telephone Number	•
Enclosed is	s a check for the following amount:	
	Filing Fee	opy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810Tallahassee, FL 32314Tallahassee, FL 32303	2023 JUNI3 AHIO SECRETARYSSES

PATE 1916

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

H23000245639

ARTICLE I - Name:

The name of the Limited Liability Company is:

850 N Miami Ave W-904 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:	<u>Mailing Address:</u>
850 North Miami	1900 Half st SW
AVE_APT_W904	ΔPT_119
	Washington_DC
	20024

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:

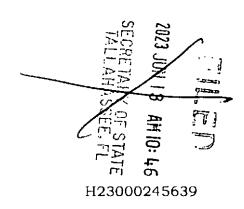
	Name	
850 North	Miami Ave W904	ļ.
-		
Florida street addres	is (P.O. Box <u>NOT</u> i	scceptable)
Florida street addres Miami	ss (P.O. Box <u>NOT</u> : FL	acceptable) 33136

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..

Marlin Eyincya

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	T	E SE	2023	
Member/Manager	Martin Espinoza 1900 Half St SW Apt, 119 Washington, DC 20024	AL TAR	JUL 1	T
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