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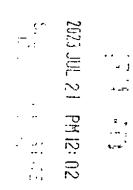
(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	S.
PICK-UP WAIT MAIL	7
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only

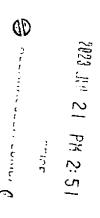


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S. CHATHAM JUL 24 2023



07/24/23--01001--008 **520.00



FLORIDA RESEARCH & FILING SERVICES, INC.

4044 LONGLEAF CT

TALLAHASSEE, FL 32310

PH: 850-524-4381

PLEASE FILE THE ATTACHED ARTICLES FOR:

MASADA DYNASTY LLC

PLEASE RETURN A STAMPED COPY & A CERTIFICATE OF STATUS

THANK YOU

CHECK# 9661 FOR: \$520.00

(\$130.00 for this filing)

COVER LETTER

TO:	New Filing Sec Division of Cor				
SUBJEC		DYNASTY LLC			
SOBJEN		Name of Lim	ited Liability Company		
The encl	losed Articles of	Organization and fee(s) are	submitted for filing.		
Please re	eturn all correspo	ondence concerning this ma	tter to the following:		
	JAIME REY	/ES			
			Name of Person		
	CBA MIAM	II LLC			
	Firm/Company 1600 PONCE DE LEON BLVD., STE 901				
			Address		
	CORAL GA	ABLES FL 33134			
	IAIME REYI	Ci ES@CBAMIAMIUS.COM	ity/State and Zip Code		
		-	for future annual report notificat	ion)	
For furthe	r information co	oncerning this matter, please	call:		
	CLARA MO	ONTEAGUDO 95	4 608-4896		
	Nam	ne of Person Ar	rea Code Daytime Telephon	e Number	
Enclosed	d is a check for t	he 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 Certificate of Stat Certified Copy (additional copy is e	

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:

(Must	contain the words "Limited Li	ability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stre	eet address of the principal off	ice of the Limited	Liability Company is:
<u>Pri</u>	ncipal Office Address:		Mailing Address:
1600 PONCE DE LEON BLVD., STE 901 CORAL GABLES FL 33134			PONCE DE LEON BLVD., STE 901 RAL GABLES FL.33134\(\section\)
_ 			
(The Limited Liability Com	pany cannot serve as its own R	egistered Agent. \	You must designate an individual or
another business entity with	pany cannot serve as its own R n an active Florida registration. reet address of the registered a GRACIELA LOPEZ)	You must designate an individual or
another business entity with	n an active Florida registration. Treet address of the registered a GRACIELA LOPEZ)	P
another business entity with	an active Florida registration. Treet address of the registered a GRACIELA LOPEZ 1600 PONCE DE LEC) gent are: Name ON BLVD., STE 9	PH 12: 02
another business entity with	n an active Florida registration. Treet address of the registered a GRACIELA LOPEZ) gent are: Name ON BLVD., STE 9	PH 12: 02

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	GRACIELA LOPEZ
	1600 PONCE DE LEON BLVD. STE 901 CORAL GABLES FL 33134
	CORAL GABLES FL 33134
	
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	2023 JUL
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	P
	72 77
(Use attachment if necessary)	PH/2: 02
PROTECTION OF THE COLUMN AS A 1	
ARTICLE V: Effective date, if other than the date	ate of filing: 7/20/2023 (OPTIONAL) specific and cannot be more than five business days prior to 0
he date of filing.)	specific and cannot be more than five business days prior to o
	or meet the applicable statutory filing requirements, this date wil
he document's effective date on the Departme	
·	
RTICLE VI: Other provisions, if any.	nn nylan maa
<u>NVESTMENTS AND ANY LEGAL RELAT</u>	ED BUSINESS
REQUIRED SIGNATURE:	/
	i
4//	Un
	member or an authorized representative of a member.
	cuted in accordance with section 605.0203 (1) (b), Florida Statu
	alse information submitted in a document to the Department of S
constitutes a third deg	gree felony as provided for in s.817.155, F.S.
GRACIELA L	OPEZ
<u> </u>	Typed or printed name of signec

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

S 5 00 Cartificate of Status (Ontional)