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S. CHATHAM

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S. CHATHAM

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



2023 JUL 21 PM 2:51  
S. CHATHAM

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 Section  
Division of Corporations**

**SUBJECT:** MASADA DYNASTY 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:

JAIME REYES

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

CBA MIAMI LLC

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

1600 PONCE DE LEON BLVD., STE 901

\_\_\_\_\_  
Address

CORAL GABLES FL 33134

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

JAIME.REYES@CBAMIAMIUS.COM

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

For further information concerning this matter, please call:

CLARA MONTEAGUDO

954

608-4896

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  
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:

MASADA DYNASTY 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:

1600 PONCE DE LEON BLVD., STE 901  
CORAL GABLES FL 33134

#### Mailing Address:

1600 PONCE DE LEON BLVD., STE 901  
CORAL GABLES FL 33134

### 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:

GRACIELA LOPEZ

Name

1600 PONCE DE LEON BLVD., STE 901

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

CORAL GABLES

FL

33134

City

State

Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity, further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, 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:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

GRACIELA LOPEZ  
1600 PONCE DE LEON BLVD. STE 901  
CORAL GABLES FL 33134

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 7/20/2023 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will be the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

INVESTMENTS AND ANY LEGAL RELATED BUSINESS

**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 Statute. 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.

GRACIELA LOPEZ

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