

L23000352334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300412440853

07/24 '23--01001--008 \*\*\$20.00

2023

PM 1:20

2023 JUL 21 PM 2:51

FLORIDA RESEARCH & FILING SERVICES, INC.

4044 LONGLEAF CT

TALLAHASSEE, FL 32310

PH: 850-524-4381

PLEASE FILE THE ATTACHED ARTICLES FOR:

TURMALINA EVENTS LLC

PLEASE RETURN A STAMPED COPY & A CERTIFICATE OF STATUS

THANK YOU

CHECK# 9661      FOR: \$520.00      (\$130.00 for this filing)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 24, 2023

FLORIDA RESEARCH & FILING SERVICES, INC.

SUBJECT: TURMALINA EVENTS LLC  
Ref. Number: W23000100944

We have received your document for TURMALINA EVENTS LLC and check(s) totaling \$520.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carlos E Rico  
Supervisor

Letter Number: 723A00016502

RECEIVED

2023 JUL 26 PM 2:03

DIRECTOR'S OFFICE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

\* RESUBMITTING  
W/CORRECTIONS  
PLEASE RETAIN  
ORIGINAL SUBMISSION  
DATE

2023 JUL 26 PM 1:20

**COVER LETTER**

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

**SUBJECT: TURMALINA EVENTS 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:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

TURMALINA EVENTS 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

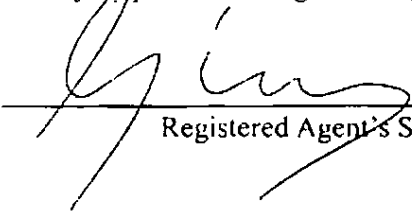
33134

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)

2023 J. 2. PM 1:20

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

GRACIELA LOPEZ

1600 PONCE DE LEON BLVD. STE 901

CORAL GABLES FL 33134

(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.

**EVENTS 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 signee

**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)**