

123000364312

Florida Department of State  
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.

((H23000268730 3))



H230002687303ABC\*

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : REGIONES UNIDAS CORP.  
Account Number : I20180000087  
Phone : (954)344-3555  
Fax Number : (954)344-4494

\*\*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.  
OOPS 54, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

RECEIVED

2023 AUG -2 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 AUG -2 AM 9:12  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

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

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**OOPS 54, LLC**

**ARTICLE II - ADDRESS:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**4844 N STATE ROAD 7 APT. 208  
COCONUT CREEK, FL 33073**

**ARTICLE III - Registered Agent, Registered Office & Registered Agent Signature:**

The name and the Florida street address of the registered agent are:

**CARLOS AUGUSTO SALDENO SALERNO  
4844 N STATE ROAD 7 APT. 208  
COCONUT CREEK, FL 33073**

Having been named as registered agent and to accept service of process at for the above stated corporation at the place designated in these Articles of Incorporation, 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.



Registered agents Signature (REQUIRED)

**Prepared by:  
Firmo Maldonado c/o Regiones Unidas  
8010 W. Sample Road  
Coral Springs, FL 33065  
Phone (954) 344-3555**

**FILED**  
2023 AUG -2 AM 9:12  
SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE IV - Manager(s) or Managing Member(s)**

The name and address of each Manager and managing Members is as follows:

**MGRM:  
CARLOS AUGUSTO SALDENO SALERNO  
4844 N STATE ROAD 7 APT. 208  
COCONUT CREEK, FL 33073**

**MGRM:  
GIPSY DEL CARMEN MOLINA BERROTERAN  
4844 N STATE ROAD 7 APT. 208  
COCONUT CREEK, FL 33073**

**ARTICLE IV - Effective Date**

**AUGUST 2<sup>nd</sup>, 2023**



**CARLOS AUGUSTO SALDENO SALERNO  
/Manager Member**

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 AUG -2 AM 9:12

**FILED**