

12300451176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

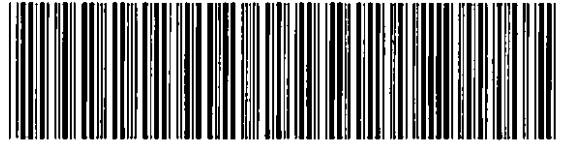
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 SEP 26 AM 11:21  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA  
TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: PLATINUM STRATEGY 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:

Anthony Morales

Name of Person

MyUSACorporation.com

Firm/Company

1 Radisson Plaza, Suite 800

Address

New Rochelle, NY 10801

City/State and Zip Code

info@myusacorporation.com

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

For further information concerning this matter, please call:

Anthony Morales 877 330-2677  
Name of Person at ( ) 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 Fee, Certificate of Status & Certified Copy (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

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TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PLATINUM STRATEGY 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:

Mailing Address:

15390 SW 20 St

Miami, FL 33185

15390 SW 20 St

Miami, FL 33185

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:

Henry Colina

Name

15390 SW 20 St

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

Miami

FL

33185

City

State

Zip

*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.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF THE COURT

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

Promotora de Desarrollo Silverblue SA DE CV

Jaime Balmes II - MLC

Ciudad de Mexico, Los Morales Polanco, Miguel Hidalgo 11510 MX

PLEASE SEE ATTACHMENT FOR THE  
LIST OF MANAGERS.

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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

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

**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 Statutes.  
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.

Jacobo Marcos Askenazi

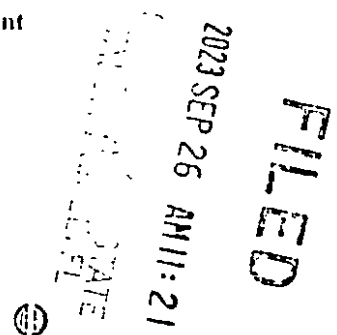
Typed or printed name of signee

**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)



## ATTACHMENT

The true names and mailing addresses of the managers are:

1. Title: Manager

Name: PROMOTORA DE DESARROLLO SILVERBLUE SA DE CV

Address: JAIME BALMES 11 - M1C, CIUDAD DE MÉXICO, LOS MORALES  
POLANCO, MIGUEL HIDALGO, MEXICO 11510

2. Title: Manager

Name: JACOBO MARCOS ASKENAZI

Address: JAIME BALMES 11 - M1C, CIUDAD DE MÉXICO, LOS MORALES  
POLANCO, MIGUEL HIDALGO, MEXICO 11510

3. Title: Manager

Name: JOSE MARCOS AMKIE

Address: JAIME BALMES 11 - M1C, CIUDAD DE MÉXICO, LOS MORALES  
POLANCO, MIGUEL HIDALGO, MEXICO 11510

4. Title: Manager

Name: MAURICIO MARCOS AMKIE

Address: JAIME BALMES 11 - M1C, CIUDAD DE MÉXICO, LOS MORALES  
POLANCO, MIGUEL HIDALGO, MEXICO 11510

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