

# L23000468663

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.

((H23000356119 3))



H230003561193ABC/

**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 : CAPITOL SERVICES, INC.  
Account Number : I2016000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

2023 OCT 11 AM 9:07

RECEIVED

**FLORIDA LIMITED LIABILITY CO.  
1102 TWO TEQUESTA, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

AS

CH

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

H23000356119

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

1102 TWO TEQUESTA, 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:**

1102 Two Tequesta Point  
808 Brickell Key Drive  
Miami, Florida 33131

1102 Two Tequesta Point  
808 Brickell Key Drive  
Miami, Florida 33131

**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:

CAPITOL CORPORATE SERVICES, INC.  
 Name  
515 EAST PARK AVE., 2ND FLR  
 Florida street address (P.O. Box **NOT** acceptable)  
TALLAHASSEE FLORIDA 32301  
 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.*

*Kim Tadlock*

Kim Tadlock, as Asst. Secretary on behalf  
 of Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

H23000356119

H23000356119

**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR \_\_\_\_\_

Roberto Alfonso Castañeda Solares  
1102 Two Tequesta Point, 808 Brickell Key Drive  
Miami, Florida 33131

P \_\_\_\_\_

Roberto Alfonso Castañeda Solares  
1102 Two Tequesta Point, 808 Brickell Key Drive  
Miami, Florida 33131

VP \_\_\_\_\_

Roberto Alfonso Castañeda Solares  
1102 Two Tequesta Point, 808 Brickell Key Drive  
Miami, Florida 33131

S \_\_\_\_\_

Roberto Alfonso Castañeda Solares  
1102 Two Tequesta Point, 808 Brickell Key Drive  
Miami, Florida 33131

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 10/10/2023 (OPTIONAL)

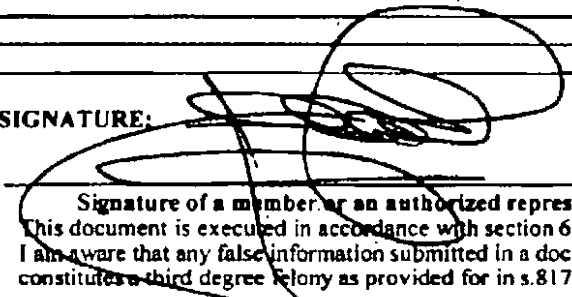
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

JOHN W. WOOD, ATTORNEY-IN-FACT

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)

H23000356119