Davision of Corporations

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.

(((H23000414391 3)))



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 : LEADER ASSOCIATES LLC

Account Number : I20180000056 Phone : (954)998-3963

: (954)697-0359 Fax Number

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

Email Address: rgitaliateam@gmail.com

## FLORIDA LIMITED LIABILITY CO. CROSS VALUE MIAMI LLC

Certificate of Status	
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

From: Leonardo Resende

# ARTICLES OF ORGANIZATION FOR LIMITED LIABILITY COMPANY

### ARTICLE I - NAME

The name of the Limited Liability Company shall be

CROSS VALUE MIAMI LLC

#### ARTICLE II - ADDRESS

The Principal street address of the Limited Liability Company shall be

150 SE 2nd AVE #300

MIAMI, FL 33131

The Mailing address of the Limited Liability Company shall be

SAME AS PRINCIPAL

## ARTICLE III - REGISTERED AGENT

The name and Florida street address (PO BOX not acceptable) of the Registered Agent are

#### BOOKSLY, LLC

6919 SW 18th STREET STE 222

**BOCA RATON, FL 33433** 

Having been named as Registered Agent and to accept service of process for the above 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 for in Chapter 605, F.S.

Registered Agent (Signature)

## **ARTICLE IV - MANAGERS**

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

Name: RAFAEL TORRES HENRIQUE

Title: MGMB

Address: 150 SE 2nd AVE #300

MIAMI, FL 33131

Name: CLAUDIO RUBERTI

Title: MGMB

Address: 150 SE 2nd AVE #300

MIAMI, FL 33131

## ARTICLE V - EFFECTIVE DATE

Effective date shall be JANUARY 1st, 2024.

## REQUIRED SIGNATURE: