# L24000013958

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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DATE: 01/05/2023

NAME: 1120 E PONCE DE LEON BLVD LLC

TYPE OF FILING: ARTICLES

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AUTHORIZATION: ABBIE/PAUL HODGE

#### COVER LETTER

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TO: New Filing So Division of Co				
1120 E P	ONCE DE LEON BLV	D LLC		
SUBJECT:	Name o	of Limited Liabi	lity Company	
The enclosed Articles of	of Organization and fee	(s) are submitte	d for filing.	
Please return all corresp	ondence concerning th	is matter to the	following:	
TOMAS A	. GONZALEZ, JR., ES	SQ.		
	<del></del>	Name o	f Person	
TOMAS G	ONZALEZ LAW, P.A			
<del></del>		Firm/C	ompany	
РО ВОХ 9	34878			
		Add	ress	·
MARGAT	E, FLORIDA 33093-4	\$78		
sunbiz@1011	asgonzalezlaw.com	City/State a	nd Zip Code	
	E-mail address: (to be	used for future	annual report notificat	ion)
For further information c	oncerning this matter, p	please call:		
TOMAS G	ONZALEZ .	833 at (	288-7878 _)	
Nai	me of Person		Daytime Telephon	ie Number
Enclosed is a check for	the following amount:			
□\$125.00 Filing Fee	■\$130,00 Filing F Certificate of Statu	s Certif	55.00 Filing Fee & led Copy nal copy is enclosed)	☐\$160,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
New Divis P.O.	ing Address Filing Section ion of Corporations Box 6327 hassee, FL 32314		Street Address New Filing Section D The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assee et. Suite 810

			COV	ER LETT	ER	
TO:	New Filing Sect Division of Cor					
SUBJEC		NCE DE LEON	BLVD LL	С		
SODJEC	-1:	No	ime of Lim	ited Liabili	y Company	<del></del>
The encl	osed Articles of	Organization an	d fee(s) are	submitted	for filing.	
Please re	turn all correspo	ndence concern	ing this mat	ter to the fo	ollowing:	
	TOMAS A. G	GONZALEZ. JE	R., ESQ.			
	<del></del>			Name of	Person	<del>-</del>
	TOMAS GO	NZALEZ LAW	, P.A.			
				Firm/Cor	npany	
	PO BOX 934	1878				
				Addre	ss	
	MARGATE,	FLORIDA 330	93-4878			
		<del>-</del>		ty/State and	l Zip Code	
		sgonzalezław.co		Complete Control		
For fivilie	r r information cor				inual report notificat	(Off)
i (ii idittie	TOMAS GO	_	83.		288-7878	
		e of Person	at (	- 	) Daytime Telephon	e Number
Enclosed	I is a check for th	ie following amo	nint:			
□\$125.	00 Filing Fee	■\$130,00 Fil Certificate of		Certifie	6.00 Filing Fee & ed Copy of Copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations

Street Address
New Filing Section Division
The Centre of Tallahassee

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

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
1120 E PONCE DE LEON BLVD LLC	
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
The mailing address and street address of the principal office  Principal Office Address:	of the Limited Liability Company is:  Mailing Address:
1120 E PONCE DE LEON BLVD	PO BOX 651514
CORAL GABLES FL 33134	MIAMI FL 33265-1514
	<del></del>

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:

TOMAS GONZALE	Z LAW, P.A.	
-	Name	
8181 NW 154TH ST	STE 204	
Florida street address	(P.O. Box <u>NOT</u> a	rceptable)
MIAMI LAKES	FL	33016
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 (Signature (REQUIRED)

(CONTINUED)

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### ARTICLE IV-

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

"AMBR" = Authorized Member		
"MGR" = Manager		
MBR	VANESSA ELIZABETH DIAZ	
	PO BOX 651514 MIAMI FL 33265-1514	
	WHANII P.L. 35205-1514	
	-	
	<del> </del>	
(Use attachment if necessary)		
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