

L24000096267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

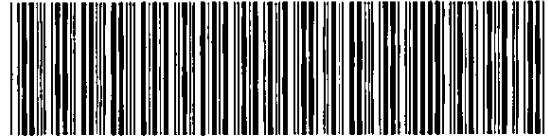
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 08/04/2024 BY 60324

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DR
TALLAHASSEE, FL 32309
(850) 524-5437 / (850) 524-6243 / (850) 491-9625

Please use funds from this account: I20210000160: \$125.00

Authorization Signature: *Jan Felt*

BUSINESS NAME **Document#**

EDGEWATER 107 LLC

☐ Certified Copy
☐ Certificate of Status

NEW FILINGS

☐ Profit Corp
☐ Not for Profit
☒ **Limited Liability**
☐ Domestication
☐ LLLP
☐ CORP
☐ Other

AMENDMENTS

☐ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Revocation of Dissolution
☐ Merger
☐ Articles of Conversion
☐ Amended & Restated Articles of Incorporation
☐ Statement of Authority

APOSTILLE(s) **&** **OTHER FILINGS**

☐ Apostille ☐ Foreign Filing
☐ Country ☐ Reinstatement
☐ Annual Report ☐ Qualification
 ☐ Fictitious Name

EXAMINER'S INITIALS: _____

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TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC
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TALLAHASSEE, FL 32309
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Please use funds from this account: 120210000160: \$125.00

Authorization Signature: *Janet*

BUSINESS NAME _____ Document# _____

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EXAMINER'S INITIALS: _____

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2023 FEB 27 AM 9:27
TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: EDGEWATER 107 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:

Annette Lopez, Esq.

Name of Person

Law Offices of Annette Lopez, P.A.

Firm/Company

100 Almeria Avenue, Suite 204

Address

Coral Gables, FL 33134

City/State and Zip Code

annette@annettelopezlaw.com

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

For further information concerning this matter, please call:

Annette Lopez, Esq.

305

517-3151

at ()

Name of Person

Area Code

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EDGEWATER 107 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:

711 Tiziano Avenue
Coral Gables, FL 33143

Mailing Address:

711 Tiziano Avenue
Coral Gables, FL 33143

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:

Annette Lopez, Esq.

Name

100 Almeria Avenue, Suite 204

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

Coral Gables

FL

33134

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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STATE
TALLAHASSEE, FL

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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

Saddy Abanza
711 Tiziano Avenue
Coral Gables, FL 33143

(Use attachment if necessary)

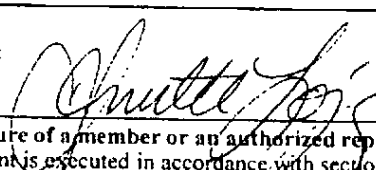
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Annette Lopez, Esq.

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

FILED
FEB 27 AM 2
TALLAHASSEE, FL
STATE DEPARTMENT OF REVENUE