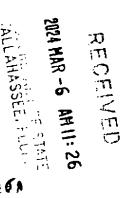
## L24000109004

(Address)
. (Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
, (Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
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TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624 Please use funds from this account: I2021000160: \$125.00 Authorization Signature: January Tortuga Dadeland, LLC **Business** Document # Walk in \_\_\_ Pick up time Mail out Will wait Certified copy of articles of Certificate of Status **NEW FILINGS** <u>AMMENDMENTS</u> Profit \_\_\_Amendment \_\_Not for Profit Resignation of R.A. Officer/Director \_\_X \_Limited Liability Change of Registered Agent \_\_\_ Domestication Dissolution/Withdrawal Other Merger \_\_CORP \_\_\_ Conversion LLLP **OTHER FILINGS REGISTERATION/QUALIFICATIONS** \_\_\_Annual Report \_\_\_ Foreign filing

\_Limited Partnership

Reinstatement

Other

FLORIDA CAPITAL COURIER SERVICES, INC.

2330 CLARE DRIVE

Fictitious Name

\_\_ APOSTIL

Country

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624 Please use funds from this account: I2021000160: \$125.00 Authorization Signature: Juntula Dadeland LLC Tortuga Dadeland, LLC Business Document # Walk in Pick up time Mail out Will wait Certified copy of articles of Certificate of Status NEW FILINGS **AMMENDMENTS** Profit \_\_\_Amendment \_\_\_Not for Profit \_\_\_\_Resignation of R.A. Officer/Director \_\_X\_Limited Liability \_\_\_ Change of Registered Agent \_\_\_ Domestication \_\_\_\_ Dissolution/Withdrawal Other Merger \_\_CORP Conversion LLLP **OTHER FILINGS REGISTERATION/QUALIFICATIONS** Annual Report \_\_\_ Foreign filing \_\_\_Limited Partnership Fictitious Name \_\_\_\_ Reinstatement \_\_\_\_ APOSTIL \_\_\_ Other

**EXAMINER'S INITIALS:** 

	COVER LETTER					
	ew Filing Section Division of Corporations					
SUBJECT	Tortuga Dadeland, LLC					
Name of Limited Liability Company						
The enclose	sed Articles of Organization and fee(s) are submitted for filing.					
Please retu	orn all correspondence concerning this matter to the following:					
	Gerardo Rodriguez-Albizu, Esq.					
	Name of Person					
	Rodriguez-Ałbizu Law, P.A.					
	Firm/Company	<del></del>				
	759 SW Federal Highway, Suite 321					
	Address					
	Stuart, FL 34994					
	City/State and Zip Code					
<u>.</u>	grodriguez@ralawpa.com	<del></del>				
	E-mail address: (to be used for future annual report notification)					
For further in	nformation concerning this matter, please call:					
_	Gerardo Rodriguez-Albizu, Esq. 772 261-5080					
	Name of Person Area Code Daytime Telephone Number					
Enclosed is	s a check for the following amount:					
■\$125.00	Filing Fee S 130.00 Filing Fee & S 155.00 Filing Fee & S 160.00 Filing Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)	us &				

Mailing Address

<u>Street Address</u> New Filing Section Division The Centre of Tallahassee

ARTICLE I - Name: The name of the Limited Liabi	lity Company is:			
Tortuga Dadeland,				
(Must co	ntain the words "Limited	Liability Company	r. "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal	office of the Limite	d Liability Company is:	
<u>Princi</u>	pal Office Address:		Mailing Address:	
10861 SW 124th Road			10861 SW 124th Road	
10861 SW 124th R	oad	10	361 SW 124th Road	
Miami, FL 33176  ARTICLE III - Registered A	gent, Registered Office	. & Registered Ag	ami, FL 33176 ent's Signature:	
Miami, FL 33176  ARTICLE III - Registered A The Limited Liability Comparenother business entity with an	gent, Registered Office ny cannot serve as its own n active Florida registrati	. & Registered Agent on.)	ami, FL 33176	
Miami, FL 33176  ARTICLE III - Registered A The Limited Liability Comparinother business entity with ar	gent, Registered Office ny cannot serve as its own n active Florida registrati	. & Registered Agent on.)	ami, FL 33176 ent's Signature:	
Miami, FL 33176  ARTICLE III - Registered A The Limited Liability Comparinother business entity with ar	gent, Registered Office.  y cannot serve as its own active Florida registrati t address of the registere	. & Registered Agent on.)	ami, FL 33176 ent's Signature:	
Miami, FL 33176  ARTICLE III - Registered A	gent, Registered Office.  y cannot serve as its own active Florida registrati t address of the registere	Mi  . & Registered Agent on.)  d agent are:  .aw, P.A.  Name	ami, FL 33176 ent's Signature:	
Miami, FL 33176  ARTICLE III - Registered A The Limited Liability Comparenother business entity with an	gent, Registered Office by cannot serve as its own active Florida registrati t address of the registere Rodriguez-Albizu L	Mi  A Registered Agent on.)  Indicate a second agent are:  Law, P.A.  Name  Shway, Suite 321	ami, FL 33176  ent's Signature: . You must designate an individual or	
Miami, FL 33176  ARTICLE III - Registered A The Limited Liability Comparenother business entity with an	gent, Registered Office by cannot serve as its own active Florida registration t address of the registere Rodriguez-Albizu L 759 SW Federal Hig	Mi  A Registered Agent on.)  Indicate a second agent are:  Law, P.A.  Name  Shway, Suite 321	ami, FL 33176  ent's Signature: . You must designate an individual or	

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 regis tred agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

4	D'	1'1	<i>(</i> ' 1	L.	$IV_{-}$

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

<u>Title:</u> "AMBR" = Authoriz	Name and Address:
"MGR" = Manager	vo . Temoci
MGR	Alvaro Nunez
	10861 SW 124th Road
	Miami, FL 33176
	<del>_</del>
	<u></u>
(Use attachment if no	cessary)
the date of filing.) Note: If the date inserted in the document's effective date ARTICLE VI: Other provision	•
<u>reouired</u> signa	TURE:
	Signature of a member or an authorized representative of a member.
This	document is executed in actordance with section 605,0203 (1) (b). Florida Statutes.
l am cons	aware that any false information submitted in a document to the Department of State itutes a third degree felony as provided for in s.817.155, F.S.
	Gerardo Rodriguez-Albizu, Esq.  Typed or printed name of signee
	r yped 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)

as