## L24000110858

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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ELEVEN AGAIN LLC	
Please Debit FCA000000003 For: 130	
Thank you Seth Neeley	
Atty/	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	Fictitious Name File
:	Trade/Service Mark
	Merger File
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawat
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
,	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC 11 Search
Parite Date Hille	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
ELEVEN AGAIN 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:				
255 ARAGON AVENUE, 2ND FLOOR	255 ARAGON AVENUE, 2ND FLOOR			
CORAL GABLES FL, 33134	CORAL GABLES FL. 33134			
ARTICLE III - Registered Agent, Registered Office, & Registered Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)				

The name and the Florida street address of the registered agent are:

ABITOS ADVISORS	LLC	
	Name	
255 ARAGON AVEN	UE, 2ND FLOOR	
Florida street address	(P.O. Box <u><b>NOT</b></u> a	eceptable)
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)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGR	PABLO RODRIGO TARANTINO 255 ARAGON AVENUE, 2ND FLOOR CORAL GABLES FL. 20134	
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the cult an effective date is listed, the date must be	tate of filing:	_
the trace of fining.)	of meet the applicable statutory filing requirements, this date will not be	
AR FICLE VI: Other provisions, if any,	int of State's records.	
		<del></del>
<u>REOUIRED</u> SIGNATURE:	· Chillian	
Singatura of a		
This document is exe I am aware that any fi	member or an authorized representative of a member, reuted in accordance with section 605,0203 (4) (b). Florida Statutes also information submitted in a document to the Department of State tree felony as provided for in 8,817,155, F.S.	
PABLO ROF	DRIGO TARANTINO  Typed or printed name of signee	