

To:

From: Yanet Avila

3/13/24 1:13 PM

L240000118547

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H24000098294 3)))



H240000982943ABC5

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 : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : 120000000146
Phone : (305)444-4994
Fax Number : (305)328-4774

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
SHOPS ON 27TH LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2024 MAR 13 PM 4:40

FILED
2024 MAR 13 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

ARTICLES OF ORGANIZATION
OF
SHOPS ON 27TH LLC

ARTICLE I

The name of the limited liability company is SHOPS ON 27TH LLC

ARTICLE II

The address of the principal office and the mailing address of the limited liability company is:

10420 SW 77 Avenue
Suite 202
Pinecrest, FL 33156

ARTICLE III

The purpose for which this Limited Liability Company is organized is any and all lawful business.

ARTICLE IV

The name and the Florida street address of the registered agent of the limited liability company is:

ALEXIS A. FALERO
10420 SW 77 Avenue
Suite 202
Pinecrest, FL 33156

Having been named as the 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.

Date: 3/13/2024


Registered Agent's Signature

FILED
2024 MAR 13 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V

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

Title:

Name and Address:

Manager

ALEXIS A. FALERO
10420 SW 77 Avenue
Suite 202
Pinecrest, FL 33156

Manager

CARIDAD A. FALERO
10420 SW 77 Avenue
Suite 202
Pinecrest, FL 33156

In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Authorized Signee:


ALEXIS A. FALERO


CARIDAD A. FALERO