La4000 158481

(Requestor's Name)	
(Address)	—
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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S. CHATHAM

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CORPORATE When you need ACCESS to the world ACCESS,

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	PICK	UP:	BROOK 4/5	_	
	CERTIFIED COPY				
XX	РНОТОСОРУ			<u> </u>	
	GS				
XX	FILING	LLC			
1.	MAJORCA 302 LLC				
	(CORPORATE NAME AND DOCUM	MENT#)			
2.					
	(CORPORATE NAME AND DOCUM	MENT #)			
3.					
	(CORPORATE NAME AND DOCUM	MENT#)			
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5.	(CORPORATE NAME AND DOCUM	MENT #)		<u> </u>	
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6.	(CORPORATE NAME AND DOCUM	MENT #)			
ODE OLA					
SPECIA INSTRU	L CTIONS:				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Majorca 302 L (Mus	LC t contain the words "Limited	Liability Company.	"L.L.C" or "LLC.")		
	Committee with the committee of the comm	Lidomiy Company.	S.E.C., OF BEC.)		
ARTICLE II - Address: The mailing address and st	reet address of the principal (office of the Limited	Liability Company is:		
<u>Pr</u>	incipal Office Address:		Mailing Address:		
101 Crandon B	lvd				
Apt 177			-		
Key Biscayne.	FL., 33149				
another business entity wit	h an active Florida registration		ou must designate an individuat	(17) (2) 17) 20	? ,
-	th an active Florida registration in the registere of the registere of the Diego Lopez Laya	on.)		SECTION LARK OF L	•
-	street address of the registere <u>Diego Lopez Laya</u>	on.) d agent are: Name	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	>	•
-	Diego Lopez Laya 101 Crandon Blvd, A	on.) d agent are: Name	- ABAUSEE, E		•
-	Diego Lopez Laya 101 Crandon Blvd, A	on.) d agent are: Name Apt 177,	- ABAUSEE, E	>	•
-	Diego Lopez Laya 101 Crandon Blvd, A Florida street address	on.) d agent are: Name Apt 177, ss (P.O. Box <u>NOT</u> ac	receptable)	>	•

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Addre	<u> </u>	
MGR	Diego Lopez Laya 101 Crandon Blvd, Apt Key Biscayne, FL 33149	177	
			202
		ACCRETOR	2024 APR - 5
		S CONTROL	
(Use attachment if necessary)	· · · · · · · · · · · · · · · · · · ·	11. N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
ICLE V: Effective date, if other than the dat	te of filing:	(OPTIONAL)	
n effective date is listed, the date must be state of filing.) If the date inserted in this block does not locument's effective date on the Departmen	pecific and cannot be more the meet the applicable statutory i	an five business days prior to or	•
ICLE VI: Other provisions, if any.			

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.

Diego Lopez Laya

Typed 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)