

(((H24000162250 3)))



H240001622503ABCW

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 : GEOFFREY M. WAYNE, P.A.

Account Number : 076770003401 Phone : (305)381-8108 Fax Number : (305)381-8109

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

Email Address: CC@ABOGADOMIAMI.COM

FLORIDA LIMITED LIABILITY CO. OVP 901 LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

(-| PM 5: 07

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: OVP 901 LLC

ARTICLE II – Address:

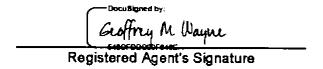
The mailing address of the Limited Liability Company is: 635 Catalonia Ave., Coral Gables, FL 134. The street address of the principal office of the Limited Liability Company is: 635 Catalonia Ave., Coral Gables, FL 33134.

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

EXCELSIOR CORPORATE SERVICES LLC 135 San Lorenzo Ave., PH 840 Coral Gables, FL 33146

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.



ARTICLE IV - Management:

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

Authorized Member

Juan Andres Lujan

635 Catalonia Ave.

Authorized Member

Coral Gables, FL 33134 Anna Lee Schmand

635 Catalonia Ave. Coral Gables, FL 33134

ARTICLE V - Effective date, if other than the date of filing:	·
ARTICLE VI - Other Provisions, if any.	2024
DocuSigned by:	
Geoffrey M Wayne	HAY
Signature of a member or an authorized representative of a member.	ယ်
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this deconstitutes an affirmation under the penalties of periury that the facts stated herein a	iocument

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.)

> Geoffrey M. Wayne Typed or printed name of signee

FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- 30.00 Certified Copy (OPTIONAL)