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## COVER LETTER

TO:

**New Filing Section** 

DI	ivision of Cor	porations						
SUBJECT	1057 Lane,	LLC.						
SOUTECT	•	N	ame of Limi	ted Liabilit	у Сотрапу			
The enclose	ed Articles of	Organization an	d fee(s) are	submitted t	or filing.			
Please retur	rn all correspo	ndence concern	ing this matt	er to the fo	llowing:			
	Gina R. Cher	vallier, Esq.						
				Name of I	erson			
	Chevallier L	aw						
				Firm/Cor	npany			
	2600 South [	Douglas Road, S	Suite 507					207
-				Addre	SS			
	Coral Gables	, Florida 33134						개 JUN 18  PN IP: 3
	gina@chevall	ierlaw.com	Cit	y/State and	l Zip Code		1,000	 PH
•	F	E-mail address: (	to be used f	or future a	ınual report notificati	on)		- <del>7</del> 5
For further i	nformation co	ncerning this ma	itter, please	call:				
	Noah I. Chev	allicr	305 at (	5	974-1490 )			
	Nam	e of Person		a Code	Daytime Telephone	e Number	_	
Enclosed is	s a check for th	ne following am	ount:					
<b>≡</b> \$125.00	Filing Fee	□S130.00 Fil Certificate of		Certifie	i.00 Filing Fee & d Copy Il copy is enclosed)			us &
	New F Divisio P.O. B	g Address iling Section on of Corporation ox 6327			Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree	issee et, Suite 810		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

1057 Lane, LLC.				
	ain the words "Limited	Liability Company, "I	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ddress of the principal o	ffice of the Limited L	iability Company is:	
<u>Princips</u>	al Office Address:		Mailing Addr	ress:
1117 SW 141 Avenu		1117 5	SW 141 Avenue	
Miami, Florida 33184	4		i, Florida 33184	
United States		United	1 States	
another business entity with an a The name and the Florida street a	_	•		dividual or
	1117 SW 141 Avenu			• ,-
	-	s (P.O. Box <u>NOT</u> acc	eptable)	
	Miami	Florida	33184	
	City	State	Zip	
Having been named as registered a place designated in this certificate, further agree to comply with the pr am familiar with and accept the ob	I hereby accept the app ovisions of all statutes re ligations of my position	ointment as registered elating to the proper a	l agent and agree to act nd complete performan provided for in Chaptet	in this capacity. I ce of my duties, and t

(CONTINUED)

## ARTICLE IV-

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

"AMBR" = Authorized	
"MCD" - Managar	Member
"MGR" = Manager	
AMBR	Jorge Raul Olivera 1117 SW 141 Avenue
	Miami, Florida 33184
AMBR	Vivianka Lavin
	1117 SW 141 Avenue
	Miami, Florida 33184
	<u> </u>
	<del></del>
	3
e date of filing.)	
e document's effective date on	the Department of State's records.
e document's effective date on RTICLE VI: Other provisions, i	fany.
e document's effective date on RTICLE VI: Other provisions, i	the Department of State's records.
RTICLE VI: Other provisions, i  REOUIRED SIGNATI  Si This doe I am away constitute	the Department of State's records.
REQUIRED SIGNATI  Si This does I am away constitute.	gnature of a member or an authorized representative of a member.  cument is executed in accordance with section 605 0203 (1) (b). Florida Statutes, are that any false information submitted in a document to the Department of State es a third degree felony as provided for in s.817.155 (c.S.)

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)