

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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

Email Address: _____

RECEIVED
2024 JUN 27 PM 12:54

FLORIDA LIMITED LIABILITY CO.
JUANATEL OCEANFRONT ESTATES, LLC

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

2024 JUN 27 AM 8:33

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

JUANATEL OCEANFRONT ESTATES, 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:3211 SOUTH OCEAN BLVD.
UNIT 603
HIGHLAND BEACH, FLORIDA 33487**Mailing Address:**3211 SOUTH OCEAN BLVD.
UNIT 603
HIGHLAND BEACH, FLORIDA 33487**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

CAPITOL CORPORATE SERVICES, INC.

Name

515 EAST PARK AVE., 2ND FLRFlorida street address (P.O. Box NOT acceptable)

<u>TALLAHASSEE</u>	<u>FLORIDA</u>	<u>32301</u>
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.

Kim TadlockKim Tadlock, Asst. Secretary on behalf
of Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

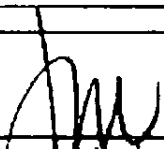
"MGR" = Manager

Name and Address:PRESIDENTJUAN IGNACIO ZAPATA ROMECIN
3211 SOUTH OCEAN BLVD., UNIT 603
HIGHLAND BEACH, FLORIDA 33487SECRETARYNATALIE SARABUIT ELIANA ZAPATA ROMECIN
3211 SOUTH OCEAN BLVD., UNIT 603
HIGHLAND BEACH, FLORIDA 33487MANAGERJUAN IGNACIO ZAPATA ROMECIN
3211 SOUTH OCEAN BLVD., UNIT 603
HIGHLAND BEACH, FLORIDA 33487MANAGERNATALIE SARABUIT ELIANA ZAPATA ROMECIN
3211 SOUTH OCEAN BLVD., UNIT 603
HIGHLAND BEACH, FLORIDA 33487

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**

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.JOHN W. WOOD, ATTORNEY-IN-FACT

Typed or printed name of signer

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)

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