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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

PALOMA ARENAL 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:

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:

Concepcion Roma Semper

Name

3180 Cocal Way # 606

Florida street address (P.O. Box NOT acceptable)

Miami FL 33145
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MG-R	Concepción talama demper	
	3180 , COTO MON # 600, -	
	Mic mi , FL 33143	
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(Use attachment if necessary)		
he date of filing.)	meet the applicable statutory filing requirements, this date will of State's records.	•
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:		
Signature of a m	ember or an authorized representative of a member.	_ _
This document is execu	itted in accordance with section 605.0203 (1) (b), Florida Statul	292 tes. 22
	e information submitted in a document to the Department of St	inte
	e felony as provided for in s.817.155, F.S.	<u></u>
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Concepcio	Taloma Semper Typed or printed name of signee	,
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\$ 30.00 Certified Copy (Optional)	D.	မ
\$ 5.00 Certificate of Status (Option	nal)	_