L2400297560

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **P: 866.625.0838 F: 866.625.0839** COGENCYGLOBAL.COM

Account#. I2000000088 For any issues please contact Cheyanne Davis (850) 202-1882

| Name: Che | eyanne Davis | | | |
|--------------------|-----------------------------|---------------------|--|--|
| Reference #: | 2415808 | | | |
| Entity Name | MIAMI GROVE E | NTERPRISES, LLC | | |
| | orporation/Authorization to | o Transact Business | 2024 JUL - 8 AM 9: 47 CARLEARNY OF STATE TALLAHASSEE, FL | |
| Merger | | | | |
| Dissolution/W | /ithdrawal | | | |
| Fictitious Nan | ne | | | |
| Other | | | | |
| Authorized Amount: | \$125.00 | | | |

Signature: ______



07/05/2024

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Date.

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I2000000088 For any issues please contact Cheyanne Davis (850) 202-1882

| Name: Cheyar | nne Davis | _ | | | |
|--|----------------------|------------------------|------|---|--|
| Reference #: | 2415808 | _ | | | |
| Entity Name: | MIAMI GROVE | ENTERPRISES, LLC | | | |
| Articles of Incorpo Amendment Change of Agent Reinstatement Conversion Merger | ration/Authorization | n to Transact Business | SSW1 | | |
| Dissolution/Withdr | awal | | | | |
| Fictitious Name | | | | | |
| Other | | | | _ | |
| Authorized Amount | \$125.00 | | | | |

Signature: _____

EUROPEAN HQ
 COGENCY GLOBAL (UK) LIMITED
 REGISTERED IN ENGLAND & WALES
 REGISTER #401072
 6 LLOYDS AVE, UNIT 4CL
 LONDON EC3N 3AX
 44 (0)20.3961.3080

COVER LETTER

TO: New Filing Section

SUBJECT:

Division of Corporations

Miami Grove Enterprises, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and feets) are submitted for filing.

Please return all correspondence concerning this matter to the following:

| Nancy Badia | |
|--|---|
| Name of Person | |
| Miami Grove Enterprises, LLC | 2024, 17.00 17.00 |
| Firm'Company | |
| 1400 NW 93rd Avenue | 8- SS SS |
| Address | |
| Miami, FL 33172 | 9:4: FL |
| City/State and Zip Code | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| nancy@buddhamama.com | |
| E-mail address: (to be used for future annual report notification) | |

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

| | ancy Badiaat (at (_at (| 786) area Code | 401-18 Daytime Telephon | |
|--|---|-------------------|---|--|
| Enclosed is a check for \$125.00 Filing Fee | the following amount: \$130.00 Filing Fee & Certificate of Status | Certified | Filing Fee & Copy copy is enclosed) | \$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| New Divis P.O. | ing Address Filing Section ion of Corporations Box 6327 hassee, FL 32314 | N D C 2 | treet Address iew Filing Section ivision of Corporati lifton Building 661 Executive Cente 'allahassee, FL 3230 | er Circle |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Miami Grove Enterprises, 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:

Mailing Address:

1400 NW 93rd Avenue, Miami, FL 33172

| PO Box | 226497 | Doral FL | 33222-6497 |
|--------|--------|----------|------------|

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:

| Nancy Badia | | 2024 | | |
|------------------------|-----------------------------|-------|------|--------------|
| | Name | | | · |
| 140 | 0 NW 93rd Avenue | | | () •atzra |
| Florida street address | (P.O. Box <u>NOT</u> accept | ible) | AHAS | j |
| Miami | Florida | 33172 | | r î |
| City | State | Zip | | \bigcirc |

Having been named as registered agent and to accept service of process for the above stated limited liability companyed 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..

/s/ Nancy Badia

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|--|--|
| "MGR" = Manager | |
| MGR | Joseph A. Badia |
| | 1400 NW 93rd Avenue, Miami, FL 33172 |
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| (Use attachment if necessary) | |
| (ose addenned in decessary) | |
| CLEV: Effective date, if other than the date o | of filing: (OPTIONAL). |
| effective date is listed, the date must be spec | rific and cannot be more than five business days priof. aror 90-days : |
| te of filing.) If the date inserted in this block does not me | eet the applicable statutory filing requirements, this date will not be list |
| cument's effective date on the Department of | |
| CLE VI: Other provisions, if any. | mi |

REQUIRED SIGNATURE:

/s/ Joseph A. Badia

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.

Joseph A. Badia

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)