La4000360778

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only State Liph Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Community)
Codified Cosins
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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S. CHATHAM

2024 AUG 20 AM 10: OC SECRETARY OF STATE TALLAHAS SEE FU

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. CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	WALK III		
	PICK	UP: MISTY 8/20	
	CERTIFIED COPY		
XX	РНОТОСОРУ		
	CUS		
XX	FILING	ЦС	
	MIA FOOTY LLC (CORPORATE NAME AND DOCU	IX(EXTC#)	
	SCORI ORATI, MAMI, AND DOCO	131128 (6)	
_	(CORPORATE NAME AND DOCU	JMENT #)	
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_	AVAINAN ON NAME AND AND AND	TACONTO III.	
	(CORPORATE NAME AND DOCU	JNIPAN (#)	
_	(CORPORATE NAME AND DOCU	JMENT #)	
PECIAL	INSTRUCTIONS:		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MIA Footy LI					
(Mı	ist contain the words "Limited Liab	oility Company,	"L.L.C.," or "LLC.")		
ARTICLE II - Address:					
The mailing address and	street address of the principal office	e of the Limited	Liability Company is:		
Ī	Principal Office Address:		Mailing Address:		
11829_SW_42n	nd Street		Footy		
Unit 295 Miramar, FL	33025		Manhattan Avenue oklyn, NY 11211		
					
(The Limited Liability Co another business entity w	red Agent, Registered Office, & R	Registered Ageigistered Agent.	nt's Signature: You must designate an individual of	2024 AUG 20	77
(The Limited Liability Co another business entity w	red Agent, Registered Office, & Rompany cannot serve as its own Registration.)	Registered Ageigistered Agent.	nt's Signature:		
(The Limited Liability Co another business entity w	red Agent, Registered Office, & Rempany cannot serve as its own Registration.) a street address of the registered age	Registered Ager gistered Agent. ent are:	At's Signature: You must designate an individual of the signate and individual of the signature.		\$
(The Limited Liability Co another business entity w	red Agent, Registered Office, & Rompany cannot serve as its own Registration.) a street address of the registered age Alex Mendoza Na 11820 SW 42nd Street	Registered Ageigistered Agent. ent are:	You must designate an individual of the state of the stat	2024 AUG 20 AM 10: 00	\$
(The Limited Liability Co another business entity w	red Agent, Registered Office, & Rompany cannot serve as its own Registration.) a street address of the registered age Alex Mendoza Na 11820 SW 42nd Street Unit 295	Registered Ageigistered Agent. ent are:	You must designate an individual of the state of the stat		ţ

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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

"AMBR" = Authorized Member "MGR" = Manager AMBR	
5	
AMBR	
AMBK	Touris No. 14.
• •••	Tarek Pertew 58 Brookside Terrace
	Verona, NJ 07044
<u>AMBR</u>	Gerardo Cueva
	58-21 69th Ave
	Ridgewood, NY 11385
	AN STATE
	SÃ N
	
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(Use attachment if necessary)	
(Ose attachment if necessary)	AM 10: 00 DF STATE SEE. FL
FICLE V: Effective date if other than the date of	filing: (OPTIONAL)
n effective data is listed, the data must be small	Grand connect he many than 5 m large and connect he
n enecuve date is usted, the date must be specificated as a specific control of the specific control o	fic and cannot be more than five business days prior to or 90 days
date of filing.)	
e: If the date inserted in this block does not mee	et the applicable statutory filing requirements, this date will not be lis
document's effective date on the Department of	State's records.
FICLE VI: Other provisions, if any.	
TICLE VI. Other provisions, if any.	
	
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REOUTRED SIGNATURE:	<u> </u>
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	$\langle \rangle$
Signature of a memb	her or an althorized representative of a mambar
Signature of a memi	ber or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes.

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 Section (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

Tarek Pertew