## L24000 370207

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
☐ PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer		

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To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext: x62969 Date: 08/26/24 Order #: 1602701-1

Re: Azala Real Estate, LLC Processing Method: Routine



## TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

12000000195

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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

## . ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE 1 - Name: The name of the Limited Liability Company is: Azala Real Estate, 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: c/o Azala LLC same as principal office address 3444 Main Highway, 3rd Floor/Suite 23 Miami, FL 33133 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.)

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301 City

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..

Name

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

Registered Agent's Signature (REQUIRED)

State

Zip

(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	
•	Davida Degrammada
AMBR	Paula Brezavscek 3635 S Douglas Road
	Coconut Grove, FL 33133
	•••
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	. (7)
(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 b	e specific and cannot be more than five business days prior to or 20 days after
the date of filing.)	
Note: If the date inserted in this block does i	not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Departm	ient of State's records.
ADTICLE VI. Other provisions if any	
ARTICLE VI: Other provisions, if any.	
	· · · · · · · · · · · · · · · · · · ·
<u>REOUIRED</u> SIGNATURE:	DocuSigned by:
	Paula Brizansuk
Signature of	a member or an authorized representative of a member.
	secuted 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 de	egree felony as provided for in s.817.155, F.S.
Duratu Deserve	e de la constante de la consta
<u>Paula Brezav</u>	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)