

10/9/24, 11:33 AM

Division of Corporations

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 : GHSK SERVICES LLC
Account Number : I20210000099
Phone : (305)317-0104
Fax Number : (305)912-0420

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

Email Address: despinosa@ghsklaw.com

**FLORIDA LIMITED LIABILITY CO.
SIS-TER ALLIANCE LLC**

Certificate of Status	0
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TALLAHASSEE, FL

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: SIS-TER ALLIANCE LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DARLIN ESPINOSA

Name of Person

Grant Hermann Schwartz & Klinger LLP

Firm/Company

1001 BRICKELL BAY DRIVE SUITE 1504

Address

MIAMI, FL 33131

City/State and Zip Code

billing@ghskllc.com

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

For further information concerning this matter, please call:

DARLIN ESPINOSA 305 317-0104
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SIS-TER ALLIANCE 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:

C/O GHSK LLP
1001 BRICKELL BAY DRIVE STE 1504
MIAMI, FL 33131

Mailing Address:

C/O GHSK LLP
1001 BRICKELL BAY DRIVE STE 1504
MIAMI, FL 33131

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:

GHSK SERVICES LLC
 Name
1001 BRICKELL BAY DRIVE STE 1504
 Florida street address (P.O. Box **NOT** acceptable)

<u>MIAMI</u>	<u>FL</u>	<u>33131</u>
City	State	Zip

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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:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Rossana Maria Alvarez
c/o GHSK LLP 1001 BRICKELL BAY DRIVE STE 1504
MIAMI, FL 33131

MGR

Laura Elisa Teran Zapata
c/o GHSK LLP 1001 BRICKELL BAY DRIVE STE 1504
MIAMI, FL 33131

MGR

Maria Isabel Teran de Bonetti
c/o GHSK LLP 1001 BRICKELL BAY DRIVE STE 1504
MIAMI, FL 33131

MGR

Marcela Maria Teran Alvarez
c/o GHSK LLP 1001 BRICKELL BAY DRIVE STE 1504
MIAMI, FL 33131

MGR

Renata Maria Teran
c/o GHSK LLP 1001 BRICKELL BAY DRIVE STE 1504
MIAMI, FL 33131

(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:

Megan Campos
 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.

Megan Campos, authorized representative

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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 DEPT OF STATE
 MIAMI, FL