Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAMADRID FINANCIAL SERVICES CORP

Account Number : 120200000059 : (954)727-9771 Phone : (954)727-9773 Fax Number

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

Email Address: (1)0000

FLORIDA LIMITED LIABILITY CO. RAPIDA BERNAL Y AMARA LLC

Certificate of Status 0 Certified Copy 04 Page Count \$130.00 Estimated Charge

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COVER LETTER

	tew Filing Sec Division of Cor				
SUBJECT		ERNAL Y AMARA	LLC		
SUBJECT	·	Name o	f Limited Liab	ility Company	
The enclos	sed Articles of	Organization and fee(s) are submitte	ed for filing.	
Please reti	um all correspo	ndence concerning th	is matter to the	following:	
Pacific.	ANGEL LUI	S RAMIREZ BERN	AL		
			Name o	of Person	
	RAPIDA BE	RNAL Y AMARA L	LC		
	 	·····	Firm/C	ompany	
	1260 NE 115	тн ѕт			
			Add	dress 🤨 i	
	MIAMI, FL	33161			
			City/State a	and Zip Code	
	angelluisbr150	• · · · · · · · · · · · · · · · · · · ·	16 64	(
	H	i-mail address: (to be	used for future	annual report notificat	10n)
For further	information co	ncerning this matter, p	olease call:		
	ANGEL LUI	S RAMIREZ B	612 at (636-6830	
	Nam	e of Person		Daytime Telephon	ie Number
Enclosed	is a check for th	ne following amount:			
□\$125.0	0 Filing Fee	■\$130.00 Filing F Certificate of Statu	is Certi	55.00 Filing Fee & fied Copy onal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Division P.O. B	g Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Street Tallahassee, FL 3230	assee eet, Suite 810

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	D	TI	\sim	E	T	N.	me.

The name of the Limited Liability Company is:

RAPIDA BERNAL Y AMARA 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:
 Beg. (1260 NE 115TH ST	1260 NE 115TH ST
MIAMI, FL 33161	MIAMI, FL 33161
 ." !	

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:

LAMADRID FINAN	ICIAL SERVICES	CORP
	Name	
1265 S PINE ISLAN	D RD	
Florida street addres	s (P.O. Box <u>NOT</u> ac	eceptable)
PLANTATION	FL	33324
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)

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Title: "AMBR" = Authorized Memb	Name and Address:
"MGR" = Manager	
AMBR	ANGEL LUIS RAMIREZ BERNAL 1260 NE 115TH ST MIAMI, FL 33161
•	
•••	
-	
(Use attachment if necessary)	
(Use attachment if necessary) ICLE V: Effective date, if other the effective date is listed, the date is	van the date of filing: 10/14/2024 . (OPTIONAL)
CLE V: Effective date, if other the effective date is listed, the date is	oan the date of filing: 10/14/2024 (OPTIONAL) must be specific and cannot be more than five business days prior to or 90 days a
CLE V: Effective date, if other the effective date is listed, the date is ite of filing.) If the date inserted in this block	nan the date of filing: 10/14/2024 (OPTIONAL) must be specific and cannot be more than five business days prior to or 90 days at does not meet the applicable statutory filing requirements, this date will not be list
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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.

ANGEL LUIS RAMIREZ BERNAL
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)

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