

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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FL
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : WEISS SEROTA HELFMAN COLE & BIERMAN PL
Account Number : I20220000155
Phone : (305)854-0800
Fax Number : (305)854-0800

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SECRETARY OF STATE
TALLAHASSEE, FL

2024 OCT 16 AM 10:30

RECEIVED

FLORIDA LIMITED LIABILITY CO.

VI BB 1513 LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
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SECRETARY OF STATE
TALLAHASSEE, FL

2024 OCT 16 AM 11:22

RECEIVED

COVER LETTER

TO: New Filing Section
Division of Corporations
VI BB 1513 LLC

SUBJECT: _____
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:

Fabio Giallanza, Esq.

Name of Person
weiss Serota Helfman Cole + Bierman

Firm/Company
2800 Ponce de Leon Blvd Suite 1200

Address
Coral Gables, FL 33134

City/State and Zip Code
fgiallanza@wsh-law.com

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

For further information concerning this matter, please call:

Fabio Giallanza 305 8540800

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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:

VI BB 1513 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:

800 Brickell Ave
Suite 400
Miami, FL 33131

800 Brickell Ave
Suite 400
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:

Fabio Giallanza

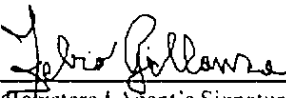
Name

2800 Ponce de Leon Blvd. Suite 1200

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

| | | |
|---------------------|-----------|--------------|
| <u>Coral Gables</u> | <u>FL</u> | <u>33134</u> |
| 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)

FILED
2024 OCT 16 AM 11:22
CLERK OF DISTRICT COURT
STATE OF FLORIDA

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 _____

Paul Vogele
800 Brickell Ave., Suite 400
Miami, FL 33134

(Use attachment if necessary)

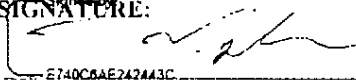
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



E740C6AE2424A3C

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.

Paul Vogele _____

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)