

Florida Department of State

L2400041296

Note: Please print the page and use it as a cover sheet. Type the tax 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 : PRIME CORPORATE FILING SERVICES LLC
Account Number : I20230000092
Phone : (786)356-1156
Fax Number : (305)564-6768

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

Email Address: info@primefiling.com

**FLORIDA LIMITED LIABILITY CO.
WYNHOUSETEL, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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SECRETARY OF STATE
TALLAHASSEE, FL

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TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WYNHOUSETEL, 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:

4824 NW 83rd Pasagge
Doral, FL 33166

Mailing Address:

4824 NW 83rd Pasagge
Doral, FL 33166

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:

DOWNTOWN ACCOUNTING MIAMI

Name

14 NE 1st Ave, Suite 706

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

Miami, FL 33132
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..

Cesar Vidal

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Andres Felipe Jimenez Ortiz

4824 NW 83rd Pasagge

Doral, FL 33166

James Michel Quiceno Paez

4824 NW 83rd Pasagge

Miami, FL 33166

(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.

THE PURPOSE OF THE ENTITY SHOULD BE MULTISERVICES

REQUIRED SIGNATURE:



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.

Andres Felipe Jimenez Ortiz

Typed or printed name of signee

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