

L24000475610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

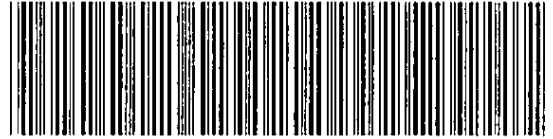
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



700434825317

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2024 NOV 12 AM 9:47

TALLAHASSEE, FL

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TALLAHASSEE, FL



CSC - Tallahassee
 1201 Hays Street
 Tallahassee, FL 32301-2607
 850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations
 From: Amanda Miller
 Ext: x62969
 Date: 11/12/24
 Order #: 1676004-1
 Re: GRANADA LLC
 Processing Method: Routine

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DEPARTMENT OF STATE
 TALLAHASSEE, FL

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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:
 I20000000195

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.

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: GRANADA 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:

MANUEL LOPEZ

Name of Person

LOPEZ & WARDLE

Firm/Company

411 THEODORE FREMD AVE, SUITE 100N

Address

RYE, NY 10580

City/State and Zip Code

admin@lopezwardle.com

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

For further information concerning this matter, please call:

Manuel Lopez

914

908-6105

at ()

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

STATE OF FLORIDA
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:

GRANADA 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:

411 THEODORE FREMONT AVE., SUITE 100N
RYE, NY 10580

411 THEODORE FREMONT AVE. SUITE 100N
RYE, NY 10580

CLERK OF STATE
TALLAHASSEE, FL

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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:

Corporation Service Company
Name

1201 Hays Street

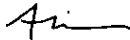
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee	FL	32301
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..

Corporation Service Company

By



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:

AMBR

EDUARDO BORBOERG BENMUEZ
C/O 411 THEODORE FREMD AVE, SUITE 100N
RYE, NY 10580

Empty lines for additional authorized members.

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: NOVEMBER 1, 2024, (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.

Empty lines for other provisions.

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.

MANUEL S. LOPEZ, 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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 DEPARTMENT OF STATE
 TALLAHASSEE, FL
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