

Florida Department of State

L24000482376
 Division of Corporations
 Electronic Filing Cover Sheet

11-18-24
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To:

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

From:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN
 Account Number : I20020000140
 Phone : (561)844-3600
 Fax Number : (561)842-4104

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

Email Address: LR@CohenNorris.com

**FLORIDA LIMITED LIABILITY CO.
 PALM REACH LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
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 DIVISION OF CORPORATIONS
 TALLAHASSEE, FL

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 DIVISION OF CORPORATIONS

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COVER LETTER

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

SUBJECT: PALM REACH 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:

LYNN REEVES

Name of Person

COHEN, NORRIS, WOLMER, RAY, TELEPMAN, BERKOWITZ & COHEN

Firm/Company

712 US HIGHWAY ONE #400

Address

NORTH PALM BEACH, FL 33408

City/State and Zip Code

LR@COHRNNORRIS.COM

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

For further information concerning this matter, please call:

LYNN REEVES

561

615-1030

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

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DIVISION OF CORPORATIONS

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PALMRBACH 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:c/o PETER R. RAY, ESQUIRE
712 US HIGHWAY ONE #400
NORTH PALM BEACH, FL 33408c/o PETER R. RAY, ESQUIRE
712 US HIGHWAY ONE #400
NORTH PALM BEACH, FL 33408

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:

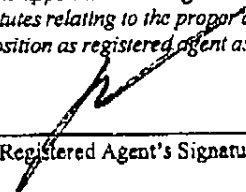
PETER R. RAY - COHEN, NORRIS, ET.AL.

Name

712 US HIGHWAY ONE #400Florida street address (P.O. Box **NOT** acceptable)

<u>NORTH PALM BEACH</u>	<u>FL</u>	<u>33408</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)

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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

Name and Address:MGRRODRIGO CUNHA
712 US HIGHWAY ONE #400
NORTH PALM BEACH, FL 33408MBRMAFEA INC.
712 US HIGHWAY ONE #400
NORTH PALM BEACH, FL 33408MBRNEPTUNE TRADE WINDS LTDA
712 US HIGHWAY ONE #400
NORTH PALM BEACH, FL 33408MBRMARFALAH INTERNATIONAL CORP.
712 US HIGHWAY ONE #400
NORTH PALM BEACH, FL 33408

(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:**

Signed by:

Rodrigo Cunha

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.RODRIGO CUNHA

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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