

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**U24000384567575**

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 : CORPAG REGISTERED AGENTS (USA), INC.  
Account Number : I20220000185  
Phone : (305)358-7872  
Fax Number : (305)402-3898

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

Email Address: \_\_\_\_\_

RECEIVED  
2024 NOV 20 AM 11:10  
STATE SECRETARY

**FLORIDA LIMITED LIABILITY CO.**  
**Corpag RA LLCÂ**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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MS

**COVER LETTER**

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

**SUBJECT:** Corpag RA LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roxana Diaz

Name of Person

Corpag Registered Agents (USA), Inc.

Firm/Company

800 Brickell Ave, Ste 800

Address

Miami, FL 33131

City/State and Zip Code

roxanadiaz@corpag.com

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

For further information concerning this matter, please call:

Roxana Diaz

305

358-7872

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

60  
FILED  
SECRET  
DIVISION  
CORPORATIONS  
TALLAHASSEE, FL  
32303  
11/19/24

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Corpag RA 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:**800 Brickell AveSte 800Miami, FL 33131**Mailing Address:**800 Brickell AveSte 800Miami, 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:

Corpag Registered Agents (USA), Inc.

Name

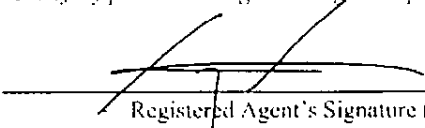
800 Brickell Ave, Ste 800Florida street address (P.O. Box **NOT** acceptable)MiamiFL33131

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)

**ARTICLE IV-**

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

**Title:****Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Enrique Travieso

800 Brickell Ave, Ste 800

Miami, FL 33131

MGR

Janice Hernandez

2330 PONCE DE LEON BLVD

CORAL GABLES, 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:**

**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.

Enrique Travieso

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)