Florida Department of State





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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

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

Email Address:

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FLORIDA LIMITED LIABILITY CO.

Cervera 1330 Realty, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Cervera 1330	Realty, LLC	
(Must contain the words "Limite	d Liability Compa	ny, "L.L.C.," or "LLC.")
ARTICLE II - Address:		
The mailing address and street address of the principa	l office of the Lim	ited Liability Company is:
Principal Office Address:		Mailing Address:
1330 West Ave., Apt #2407, Miami Beach, FL 33	3139	330 West Ave., Apt #2407, Miami Beach, FL 33139
(The Limited Liability Company cannot serve as its ovanother business entity with an active Florida registra	m Registered Age tion.)	
(The Limited Liability Company cannot serve as its over another business entity with an active Florida registra The name and the Florida street address of the register	wn Registered Age tion.) red agent are:	
(The Limited Liability Company cannot serve as its ovanother business entity with an active Florida registra	wn Registered Age tion.) red agent are:	
(The Limited Liability Company cannot serve as its ovanother business entity with an active Florida registra The name and the Florida street address of the register Angela Cen	om Registered Age tion.) red agent are: vera	nt. You must designate an individual or
(The Limited Liability Company cannot serve as its ovanother business entity with an active Florida registra The name and the Florida street address of the register Angela Cen	om Registered Agention.) red agent are: vera Name Ave., Apt #24	nt. You must designate an individual or
1330 West	wn Registered Age tion.) red agent are: vera Name Ave., Apt #24 ess (P.O. Box NO	nt. You must designate an individual or

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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FILED STATE

To:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Angela Cervera
***	1330 West Ave., Apt #2407, Miami Beach, FL 33139
MGR	Joseph Cervera 1330 West Ave., Apt #2407, Miaml Beach, Ft. 33139

n effective date is listed, the date mus ate of filing.)	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 ces not meet the applicable statutory filing requirements, this date will not urtiment of State's records.
ICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
	e levera
Signature This document is I am aware that a	of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b), Florida Statutes, my false information submitted in a document to the Department of State d degree felony as provided for in s.817.155, F.S.
Signature This document is I am aware that a	of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b), Florida Statutes, my false information submitted in a document to the Department of State

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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