

Division of Corporations

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : RASCO KLOCK PEREZ & NIETO, P.L.  
Account Number : 104076000124  
Phone : (305)476-7100  
Fax Number : (305)476-7102

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

Email Address: abazo@rascoklock.com

**FLORIDA LIMITED LIABILITY CO.  
VIA AUGUSTA, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION**

In compliance with Chapter 605, F.S. (Limited Liability Company Act)

**ARTICLE I- NAME:** The name of the Florida limited liability company is:  
**VIA AUGUSTA, LLC.**

**ARTICLE II- ADDRESS:** The principal and mailing address of the limited liability company is: 2555 Ponce de Leon Blvd., Suite 600 Coral Gables FL 33134

**ARTICLE III- PURPOSE:** The limited liability company shall any and all lawful purposes and members and managers may consider from time to time.

**ARTICLE IV- REGISTERED AGENT:** The name and address of the registered agent of the limited liability company is:  
TRANSWORLD BUSINESS MANAGEMENT, LLC  
2555 Ponce de Leon Blvd., Suite 600  
Coral Gables FL 33134

**ARTICLE V- MANAGERS:** The name and address of person(s) authorized to manage the limited liability company:

Manager- LASOTA MUNOZ, Pedro  
Manager- FERRER BAUER, Carolina  
Manager- LASOTA TESSER, Jose Miguel

All managers shall have this address: 2555 Ponce de Leon Blvd., Suite 600 Coral Gables FL 33134

**ARTICLE VIII- AUTHORIZED REPRESENTATIVE:** The name and address of the Authorized Representative is:  
TRANSWORLD BUSINESS MANAGEMENT, LLC  
2555 Ponce de Leon Blvd Suite 600  
Coral Gables FL 33134

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

\_\_\_\_\_  
Registered Agent

11/25/24  
Date

I submit this document and affirm that the facts stated herein are true. 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.

\_\_\_\_\_  
Authorized Representative

11/25  
Date

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