

L2400050310

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2024 DEC -6 AM 9:14  
SECRETARY OF STATE  
TALLAHASSEE, FL

RECORDED

2024 DEC -6 PM 3:32  
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account 120210000160: \$125.00  
 Authorization Signature   
 114 4<sup>th</sup> San Marino Ter, LLC

\_\_\_\_\_ Walk in \_\_\_\_\_ Will wait

\_\_\_\_\_  
**Certified Copies of the Articles of Organization  
 Certificate of Status**

## NEW FILINGS

☐ Profit  
☐ Not for Profit  
☒ LLC  
☐ Domestication  
☐ INC  
☐ CORP  
☐ OTHER

## AMENDMENTS

☐ Amendment  
☐ Resignation of R.A.  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Conversion  
☐ Statement of Authority  
☐ Merger  
☐ Amended and Restated Articles

## OTHER FILINGS

\_\_\_\_ Annual Report  
\_\_\_\_ Fictitious Name  
\_\_\_\_ Statement of Authority  
\_\_\_\_ APOSTIL \_\_\_\_\_  
COUNTRY \_\_\_\_\_

## REGISTRATION/QUALIFICATIONS

☐ Foreign Filing  
☐ Partnership  
☐ Reinstatement  
☐ CORRECTION for a LLC  
☐ Domestication of a Foreign Corp.  
☐ Other

**EXAMINER'S INITIALS:**

**COVER LETTER**

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

**SUBJECT:** 114 4TH SAN MARINO TER, 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:

ANNETTE LOPEZ, ESQ.

Name of Person

LAW OFFICES OF ANNETTE LOPEZ, P.A.

Firm/Company

100 ALMERIA AVENUE, SUITE 204

Address

CORAL GABLES, FL 33134

City/State and Zip Code

annette@annettelopezlaw.com

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

For further information concerning this matter, please call:

Annette Lopez, Esq. 305 517-3151  
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

114 4TH SAN MARINO TER, 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:

100 Almeria Avenue, Suite 204

Coral Gables, FL 33134

100 Almeria Avenue, Suite 204

Coral Gables, FL 33134

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:

Law Offices of Annette Lopez, P.A.

Name

100 Almeria Avenue, Suite 204

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

Coral Gables

FL

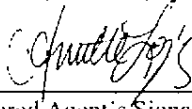
33134

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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TALLAHASSEE, FL.

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**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

MGRM

SUNNYVALE VENTURES LLC

100 Almeria Avenue, Suite 204

Coral Gables, FL 33134

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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**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.

\_\_\_\_\_  
Annette Lopez, Esq.

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)**