

L25000006110

1/5/25, 10:38 AM

Division of Corporations

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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.

(((H25000005535 3)))



H2500000553534802

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.**

To:

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

From:

Account Name : CORPOLLICENSE, INC
Account Number : 120050000118
Phone : (305)774-9666
Fax Number : (305)774-9660

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

Email Address: hello@casabella-florida.com

**FLORIDA LIMITED LIABILITY CO.
CASABELLA IDEAS, LLC**

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

RECEIVED

2025 JAN -6 PM 3:15

SECRETARY OF STATE

FILED
2025 JAN -6 AM 9:21
CLERK OF SUPERIOR COURT

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY
OF
CASABELLA IDEAS, LLC**

ARTICLE I - NAME:

The name of the Limited Liability Company is:

CASABELLA IDEAS, LLC

ARTICLE II - ADDRESS:

The mailing and principal address of the Limited Liability Company is:

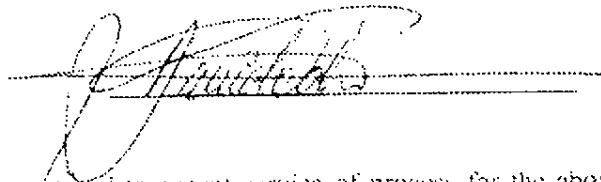
**PRINCIPAL ADDRESS: 9005 NE 8th Ave, Apt 5
Miami, FL 33138**

FILED
2025 JAN -6 AM 9:21
MIAMI ASSOCIATES, LLC

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The Registered Agent designated is: **MARIA DANIELA FALANGA**

**9005 NE 8th Ave, Apt 5
Miami, FL 33138**

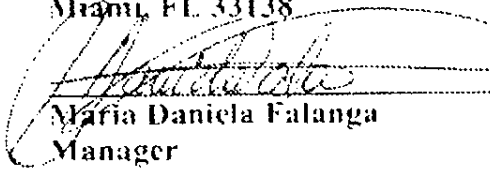


Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.

ARTICLE IV - Management/Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>TITLE:</u>	<u>NAME AND ADDRESS</u>	<u>UNITS</u>
MGR	MARIA DANIELA FALANGA 9005 NE 8th Ave. Apt 5 Miami, FL 33138	55%
MGR	JOSE LUIS PERNIA 9005 NE 8th Ave. Apt 5 Miami, FL 33138	15%
MGR	RICARDO PERNIA 9005 NE 8th Ave. Apt 5 Miami, FL 33138	15%
MGR	ENRIQUE GRUBER 9005 NE 8th Ave. Apt 5 Miami, FL 33138	15%



Maria Daniela Falanga
Manager

(In accordance with section 605.0201, Florida Statutes,
The execution of this document constitutes an affirmation under
The penalties of perjury that the facts stated herein are true)