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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : CG TAX, INC.
Account Number : I19990000017
Phone : (305)485-9300
Fax Number : (305)485-1098

S. CHATHAM
JAN 24 2025

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
PARTE ACTIVA, LLC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Help

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
OF**

PARTE ACTIVA, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

PARTE ACTIVA, LLC.

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

**12955 BISCAYNE BLVD STE 200 #273
MIAMI, FL. 33181**

The mailing address shall be:

**12955 BISCAYNE BLVD STE 200 #273
MIAMI, FL. 33181**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:**

The name and the Florida street address of the registered agent are:

MARIA S. CLAVIJO MOLINA

12955 BISCAYNE BLVD STE 200 #273
Florida Street address (P.O. BOX NOT acceptable)
MIAMI, FL. 33181
City, State, and Zip.

2025 JUN 21 PM 3:01
SECRETARY OF STATE
FLORIDA

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..



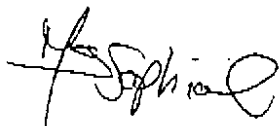
REGISTERED AGENT'S SIGNATURE

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

MARIA S. CLAVIJO MOLINA
12955 BISCAYNE BLVD STE 200 #273
MIAMI, FL. 33181

AMBR



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MARIA S. CLAVIJO MOLINA

2023 JUN 21 PM 3:01
STATE OF FLORIDA
CLERK OF THE COURT