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COVER LETTER

то:	New Filing Section Division of Corporations				
(*1 / 1 \ 1 1 *	PT 2696 LLC				
SUBJE	Name of Limited Liability Company	-			
The enc	closed Articles of Organization and fee(s) are submitted for filing.				
Please r	return all correspondence concerning this matter to the following:				
	David Bauer, Esq.		2025 JUN 26		
	Name of Person		- =		
	Bauer Gutierrez & Borbon PLLC	5.	23.		
	Firm-Company				
	814 Ponce de Leon Blvd., Ste 210		9:47		
	Address		-		
	Coral Gables, Florida 33134				
	City/State and Zip Code david@bgblawgroup.com		-		
	E-mail address: (to be used for future annual report notification)		-		
For furth	er information concerning this matter, please call:				
	David Bauer, Esq. 305 340-5959				
	Name of Person Area Code Daytime Telephone Number	-			
Enclose	ed is a check for the following amount:				
■\$125	Certificate of Status — Certified Copy — Certifica (additional copy is enclosed) — Certified	00 Filing Fee te of Status & Copy copy is encle	Č.		
	Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810Tallahassee FL 32314Tallahassee FL 32303				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PT 2696 LLC (Must cont	ain the words "Limited L	iability Compa	ny, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal of	fice of the Limi	ted Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Ado	iress:
2696 W 3rd Ave Hialeah, Florida			696 W 3rd Avenue, lialeah, Florida 3301	0 :
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as its own lactive Florida registration	Registered Agei		
	Bauer Gutierrez	<u>& Borbon, P</u>	LLC	
	814 Ponce de Le Florida street address			
	Coral Gables	FL	33134	
Having been named as registered op place designated in this certificate, further agree to comply with the pi am familiar with and accept the of	I hereby accept the apporovisions of all statutes rel ligations of my position a st David Bi	intment as regis lating to the pro is registered age auer	tered agent and agree to ac per and complete performa	t in this capacity. T uce of my duties, and I
		(CONTINUE	D)	

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The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = A "MGR" = Ma	Name and Address: authorized Member anager	
<u>MGR</u>		
MGR	Pedro D. Olivera 2696 W 3rd Avenue. Hialeah, Florida 33010	j
		, i
(Use attachme	ent if necessary)	
(If an effective date is the date of filing.) <u>Note:</u> If the date inser	e date, if other than the date of filing:	
ARTICLE VI: Other p		
REOURED	SIGNATURE:	
	/s/ Taimy Olivera	
	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.	
	Taimy Olivera	
	Tairny Olivera Typed or printed name of signee	

as

 $\frac{Filing\ Fees;}{S125.00\ Filing\ Fee\ for\ Articles\ of\ Organization\ and\ Designation\ of\ Registered\ Agent}$

- \$ 30.00 Certified Copy (Optional)
- S 5.00 Certificate of Status (Optional)