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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

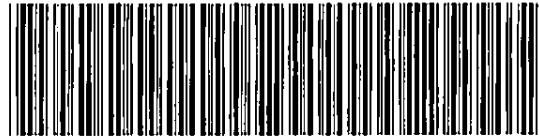
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/13/25

2025 MAY 13 PM 3:06

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FLORIDA RESEARCH & FILING SERVICES, INC.

4044 LONGLEAF CT

TALLAHASSEE, FL 32310

PH: 850-524-4381

PLEASE FILE THE ATTACHED ARTICLES FOR:

4044 LONGLEAF CT

MAISON MIAMI I LLC

PLEASE RETURN A STAMPED COPY

CHECK: # 10028

AMOUNT: \$125.00

10/1/2013

THANK YOU!

10/1/2013

10/1/2013 9:24

COVER LETTER

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

SUBJECT: MAISON MIAMI I
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:

CARLOS GARCIA
Name of Person

CARLOS GARCIA P.A.
Firm/Company

500 SOUTH DIXIE HWY. SUITE 202
Address

CORAL GABLES, FL 33146
City/State and Zip Code

CARLOS@CGPALAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS GARCIA 305 7792479 EXT 1
Name of Person at () 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:

MAISON MIAMI I 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:

1200 BRICKELL AVE. SUITE 500
MIAMI, FL 33131

Mailing Address:

1200 BRICKELL AVE. SUITE 500
MIAMI, FL 33131

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:

CARLOS GARCIA P.A.

Name

500 SOUTH DIXIE HIGHWAY SUITE 202

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

CORAL GABLES

FLORIDA

33146

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

SANTIAGO MORALES BROCC

2 GROVE ISLE DR. #604

MIAMI, FL 33133

MGR

JUAN PABLO MORALES BROCC

2 GROVE ISLE DR. #604

MIAMI, FL 33133

MGR

ALEJANDRO RAFAEL MEDRANO PEREZ

1200 BRICKELL AVENUE SUIT 500

MIAMI, FL. 33131

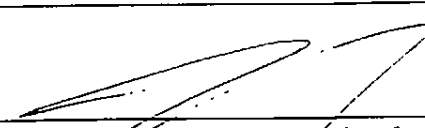
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 5/12/2025 (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.

Carlos Gordin

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)