125000371486

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



400456230104

08/19/25--01008--023 ***250.00



CORPORATE ACCESS,

When you need ACCESS to the world

125

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PICK U	JP: <u>MARIA</u> 8/19	-
	CERTIFIED COPY		
XX	РНОТОСОРУ		
	cus		
XX	FILING	LLC	
	5210 SW 48 TERR LLO ORPORATE NAME AND DOCUM		
-(C	ORPORATE NAME AND DOCU	MENT#)	
<u> </u>	ORPORATE NAME AND DOCU	JENTU #)	 C.
,,,		,	
(C	ORPORATE NAME AND DOCU	MENT#)	
C	ORPORATE NAME AND DOCU	MENT #)	
(C	ORPORATE NAME AND DOCU	MENT #)	
ECIAL I	NSTRUCTIONS:		

COVER LETTER

то:	New Filing Section Division of Corporations				
	15210 SW 48 Terr LL	Ü			
SUBJI	SUBJECT: Name of Limited Liability Company				
The en	closed Articles of Organizatio	on and fee(s) are	submitted	for filing.	
Please	return all correspondence con	cerning this ma	tter to the fe	ollowing:	
	Alejandro I. Velez, Esq.				
			Name of	Person	
	VIA Lawyers PLLC				
			Firm/Co	npany	
	8750 NW 36th St Ste 25	0			
			Addre	ess	
	Doral, FL 33178				
		C	ity/State and	l Zip Code	· · · · · · · · · · · · · · · · · ·
	alex@vialawyers.com		for former a	nnual report notificati	ion)
				inuai report notificati	ion)
For furth	ner information concerning thi	s matter, please	call:		
	Alejandro I. Velez	30 at (4251565)	
	Name of Person	Aı		Daytime Telephon	
Enclos	ed is a check for the following	amount:			
	5.00 Filing Fee □\$130.0		Certific	i.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corpo P.O. Box 6327 Tallahassee, FL 33	rations		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stre Tallahassec, FL 3230	assee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabil	ity Company	'is:			
15210 SW 48 Terr	LLC				
(Must cor	ntain the wor	ds "Limited Lia	bility Com	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of th	e principal offi	ce of the Li	mited Liability Company is:	
<u>Princi</u>	Principal Office Address: 15210 SW 48 Terr, Unit G-83 Miami FL, 33185			Mailing Address: 7625 SW 93 Pl Miami FL, 33173	
15210 SW 48 Terr,					
Miami FL, 33185			_		
another business entity with an The name and the Florida stree	active Florid	da registration. he registered a vyers, PLLC)	gent. You must designate an indiv	idual oi
	8750 NW 36th St Ste 250				
	Florida street address (P.O. B		Р.О. Вох <u>Х</u>	OT acceptable)	
	Doral		FL	33178	··
		City	State	Zip	() ()
place designated in this certificat further agree to comply with the μ	e, I hereby ac provisions of	ecept the appoir all statutes rela my position as	ument as re uting to the p registered of	for the above stated limited liability gistered agent and agree to act in proper and complete performance agent as provided for in Chapter 6. Signature (REQUIRED)	this capacity. I of my duties, and I

(CONTINUED)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager <u>MGR</u>	Abel A Oporto 7625 SW 93 Pl. Miami FL, 33173	
MGR	Fabiola P Delgado 7625 SW 93 Pl, Miami FL,33173	
(Use attachment if necessary)		
If an effective date is listed, the date must he date of filing.)	be specific and cannot be more than five business not meet the applicable statutory filing requirement of State's records.	ess days prior to or 90 days after
ARTICLE VI: Other provisions, if any. Any and all lawful business purpose.		
REQUIRED SIGNATURE:	AA	
This document is 1 am aware that ar	f a member or an authorized representative of executed in accordance with section 605.0203 (1) by false information submitted in a document to the degree felony as provided for in s.817.155, F.S.	(b), Florida Statutes.

Alejandro I. Velez, Esq., on behalf of Managers
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)