

**L25000027990**  
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.**

(((H25000022652 3)))



H250000226523ABCY

**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 : 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

RECEIVED

2025 JAN 21 AM 10:05

2025 JAN 21 PM 3:01

Electronic Filing Menu

Corporate Filing Menu

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..



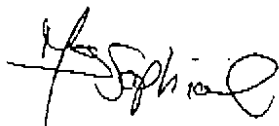
**REGISTERED AGENT'S SIGNATURE**

#### 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  
COUNTY OF MIAMI