

L25000060936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

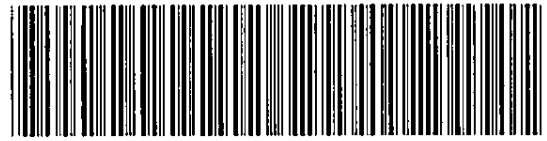
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200440537812

02/13/25-01005-024 25.00

FILED

RECEIVED

2025 FEB 13 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER SHEET

TO: New Filing Section
Division of Corporations

SUBJECT: Aleman Holdings 18320 LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jerry Borbon, Esq.

 Name of Person
 Bauer Gutierrez & Borbon, PLLC

 FIRM COMPANY
 814 Ponce De Leon Blvd., Suite 210

 Coral Gables Florida 33134

 City State and Zip Code
 jerry@bgblawgroup.com

 E-mail address: (to be used for future annual report notification)

18320 LLC

18320 LLC

For further information concerning this matter, please call:

| | | |
|----------------|-----------|--------------------------|
| Michael Aleman | 305 | 253-7617 |
| _____ | Area Code | Home or Telephone Number |
| Name of Person | Area Code | Home or 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 & Certificate of Status (additional copy was 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
 Tallahassee Centre of Tallahassee
 100 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:

Aleman Holdings 18320 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:

Mailing Address:

16468 NE 27 Avenue
North Miami Beach, Florida 33160

16468 NE 27 Avenue
North Miami Beach, Florida 33160

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:

Michael Aleman
Name

16468 NE 27 Avenue
Florida street address (P.O. Box NOT acceptable)

North Miami Beach Florida 33160
City State Zip

RECORDED
2018
JAN 10 10 30 AM
STATE OF FLORIDA
CORPORATION DIVISION

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..

s/Michael Aleman
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:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Michael Aleman
16468 N. 27th Avenue
North Miami Beach, Florida 33160

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

/s/Michael Aleman

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.

Michael Aleman

Typed or printed name of signer

Filipe Ecs.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)