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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

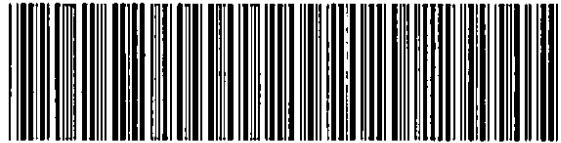
(Business Entity Name)

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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CASA CAROLINA NC LLC

- Art of Inc. File \_\_\_\_\_
- LTD Partnership File \_\_\_\_\_
- Foreign Corp. File \_\_\_\_\_
- L.C. File \_\_\_\_\_
- Fictitious Name File \_\_\_\_\_
- Trade/Service Mark \_\_\_\_\_
- Merger File \_\_\_\_\_
- Art. of Amend. File \_\_\_\_\_
- RA Resignation \_\_\_\_\_
- Dissolution / Withdrawal \_\_\_\_\_
- Annual Report / Reinstatement \_\_\_\_\_
- Cert. Copy \_\_\_\_\_
- Photo Copy \_\_\_\_\_
- Certificate of Good Standing \_\_\_\_\_
- Certificate of Status \_\_\_\_\_
- Certificate of Fictitious Name \_\_\_\_\_
- Corp Record Search \_\_\_\_\_
- Officer Search \_\_\_\_\_
- Fictitious Search \_\_\_\_\_
- Fictitious Owner Search \_\_\_\_\_
- Vehicle Search \_\_\_\_\_
- Driving Record \_\_\_\_\_
- UCC 1 or 3 File \_\_\_\_\_
- UCC 11 Search \_\_\_\_\_
- UCC 11 Retrieval \_\_\_\_\_
- Courier \_\_\_\_\_

Signature \_\_\_\_\_

Requested by: BA \_\_\_\_\_  
Name \_\_\_\_\_ Date 12/03/20 Time \_\_\_\_\_

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

# **ARTICLES OF ORGANIZATION**

## **FOR**

### **CASA CAROLINA NC LLC**

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

#### **ARTICLE I: NAME**

The name of the company is **CASA CAROLINA NC LLC**

#### **ARTICLE II: PRINCIPAL OFFICE**

The principal office of the company is **5375 SW 62 AVE, MIAMI, FL 33155**

## **ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is **RICARDO ORDONEZ, 5375 SW 62 AVE, MIAMI, FL 33155**

## **ARTICLE V: MANAGERS**

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

**SUZANNE PEREZ-GURRI, Manager, 10421 SW 80TH CT, MIAMI, FL 33156**

**DIEGO TORRES, Manager, 95 BLACK HICKORY WAY, ORMOND BEACH, FL 32174**

**KRISTEN ORDONEZ, Manager, 5375 SW 62 AVE, MIAMI, FL 33155**

**CARLOS X. VALLEJO, Manager, 5375 SW 62 AVE, MIAMI, FL 33155**

**MARIA ISABEL CARDOVEZ, Manager, 5375 SW 62 AVE, MIAMI, FL 33155**

The undersigned has executed these Articles of Organization for filing purposes this 3<sup>rd</sup> day of December 2020.

**/S/ RICARDO ORDONEZ as Authorized Representative for CASA CAROLINA NC LLC**

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**Authorized Representative**

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of the Florida Statutes, the mentioned company, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the company is: **CASA CAROLINA NC LLC**
2. The name and street address of the registered agent and office is:

**RICARDO ORDONEZ, 5375 SW 62 AVE, MIAMI, FL 33155**

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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.

**/S/ RICARDO ORDONEZ**

\_\_\_\_\_  
**RICARDO ORDONEZ**

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