

L 22000379025

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.

((H22000292794 3)))



H220002927943ABC4

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 : LAMADRID FINANCIAL SERVICES CORP
Account Number : I20200000059
Phone : (954)727-9771
Fax Number : (954)727-9773

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Info1@Lamadridfinancial.com

FLORIDA LIMITED LIABILITY CO.
EL PLATEADO LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

2022 AUG 31 PM 3:39

RECEIVED

STATE OF FLORIDA

2022 AUG 31 AM 7:18

RECEIVED

Aug 31, 2022 2:46PM

8/31/2022 10:14:35 AM PAGE

1/001

FaNo. 4194 er P. 1



August 31, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAMADRID FINANCIAL SERVICES CORP

SUBJECT: EL PLATEADO LLC
REF: W22000111644

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P10000043717.

If you have any further questions concerning your document, please call (850) 245-6052.

ARCEDRA JOHNSON
Regulatory Specialist II
New Filing Section

FAX Aud. #: E22000292794
Letter Number: 822A00019411

2022 AUG 31 AM 7:18
STATE DEPARTMENT OF REVENUE

FILED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PLATEADO LLC
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:

Valentin Fernandez Perez
Name of Person
Firm/Company
1485 SW 131st PL
Address
Miami, FL 33184
City/State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Valentin Fernandez 214 413-9979
Name of Person Area Code 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

2022 AUG 31 AM 7:18
FILED

H 22000 2927943

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PLATEADO 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:

1485 SW 131st PL
Miami, FL 33184

SAME

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:

Lamadrid Financial Services corp
Name

10154 W Flagler St
Florida street address (P.O. Box **NOT** acceptable)

Miami FL 33184
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)

2022 AUG 31 AM 7:18
STATE OF FLORIDA
SECRETARY OF STATE

H 22000 2927943

