

L23000 023229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Additional Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700400518187

S. CHATHAM
JAN 20 2023

RECEIVED
JAN 20 PM 4:27

RECEIVED
2023 JAN 20 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
100 CLARE DRIVE
LAKELAND, FL 32309
813-524-5437
813-524-6243

EASE USE FUNDS FROM ACCT: I20210000160 AMOUNT: \$ 125.00

AUTHORIZATION:



Divina Pinecrest LLC
Business Name

Document Number, (if known):

Walk in

Pick up time

Mail out

Will wait Photocopy

Certified Copy of Articles of Organization

Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other
- CORP
- PLLC

AMMENDMENTS

- Amendment
- Resignation of R.A. Officer/Director
- Change of Registered Agent
- Revocation of Dissolution
- Merger
- Conversion
- Amended and restated Articles
- Statement of Authority

OTHER FILINGS

- Annual Report
- Fictitious Name
- APOSTIL()
- Country

REGISTRATION/QUALIFICATIONS

- Foreign filing
- Limited Partnership
- Reinstatement
- Other

MANAGER'S INITIALS: _____

0 CLARE DRIVE
LLAHASSEE, FL 32309
0) 524-5437
0) 524-6243

EASE USE FUNDS FROM ACCT: I20210000160 AMOUNT: \$ S125.00

AUTHORIZATION: *[Signature]*

iva Pinecrest LLC
Business Name

Document Number, (if known):

Walk in Pick up time

Mail out Will wait Photocopy

Certified Copy of Articles of Organization
 Certificate of Status

NEW FILINGS

Profit
 Not for Profit
 Limited Liability
 Domestication
 Other
 CORP
 PLLC

AMMENDMENTS

Amendment
 Resignation of R.A. Officer/Director
 Change of Registered Agent
 Revocation of Dissolution
 Merger
 Conversion
 Amended and restated Articles
Statement of Authority

OTHER FILINGS

Annual Report
 Fictitious Name

REGISTRATION/QUALIFICATIONS

Foreign filing
 Limited Partnership
 Reinstatement

APOSTIL() Other
Country

OWNER'S INITIALS: _____

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Zativa Pinecrest 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:

MARTIN E DELLOCA
Name of Person

MDELL CONSULTING CORP
Firm/Company

848 BRICKELL AVE STE 1130
Address

MIAMI, FL, 33131
City/State and Zip Code

MDELLOCA@MDELLCONSULTING.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARTIN E DELLOCA 305 6073493
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CLE I - Name:

Name of the Limited Liability Company is:

Zativa Pinecrest LLC

(Must contain the words "Limited Liability Company, "L.L.C." or "LLC.")

CLE II - Address:

Mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

848 BRICKELL AVE
STE 1130
MIAMI, FL, 33131

848 BRICKELL AVE
STE 1130
MIAMI, FL, 33131

CLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

A Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or other business entity with an active Florida registration.)

Name and the Florida street address of the registered agent are:

BLUEMAX PARTNERS CORP
Name

848 BRICKELL AVE STE 1130
Florida street address (P.O. Box NOT acceptable)

MIAMI FLORIDA 33131
City State Zip

SECTION 605
DIVISION 3
MAY 20 11 00 AM '07

I, the undersigned, having been named as registered agent and to accept service of process for the above stated limited liability company at the address 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)

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

Mia Biz Group LLC
848 BRICKELL AVE STE 1130
MIAMI, FL, 33131

APR 20 PM 4:27
STATE OF FLORIDA
SECRETARY OF STATE

(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 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 document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Martin E Delloca

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.

MARTIN E DELLOCA

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)