

L2400014945

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : MENDEZ ACCOUNTAX SERVICES, CORP
Account Number : I20060000145
Phone : (305)769-4936
Fax Number : (305)769-1844

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.
1280 SCANTRON ST, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:

1280 SCRANTON ST, LLC.

ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liability Company is: **55 SE 6 ST APT 2905 MIAMI, FL 33131**

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

The name and the Florida street address of the registered agent are:

**JOSE REQUENA
55 SE 6 ST APT 2905
MIAMI, FL 33131**

FILED
2024 APR -1 PM12:07
TALLAHASSEE, 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:

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

Title:

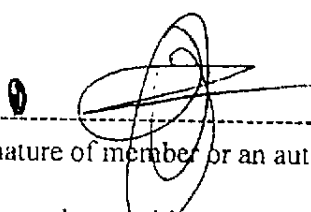
Name and Address:

AMBR

JOSE REQUENA
55 SE 6 ST APT 2905
MIAMI, FL 33131

AMBR

ERNESTO M. ARRUGO
55 SE 6 ST APT 2905
MIAMI, FL 33131



Signature of 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. 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.)

JOSE REQUENA

Typed or printed name of signee.

TALLAHASSEE, FLORIDA

2024 APR - 1 PM 12: 07

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