

H14000034252

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

EFFECTIVE DATE
2-25-14

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.
PR PORTS LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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14 FEB 27 PH 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA
14 FEB 27 AM 11:18
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850-617-6381

2/27/2014 11:34:18 AM PAGE 1/001 Fax Server



February 27, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: PR PORTS LLC
REF: W14000012891

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

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Agnes Lunt
Regulatory Specialist II

FAX Aud. #: H14000047321
Letter Number: 414A00004387

RECEIVED
14 FEB 27 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
2-25-14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PR Ports LLC

(Must end with 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:

2030 S Douglas Rd.
Suite 208
Coral Gables, Florida 33134

2030 S Douglas Rd.
Suite 208
Coral Gables, Florida 33134

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:

Zilma P. Dinelli
Name

2030 S Douglas Rd, Suite 208
Florida street address (P.O. Box NOT acceptable)

Coral Gables FL 33134
City 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.

Zilma P. Dinelli
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Zulma P. Dinelli

2030 S. Douglas Rd. Suite 208

Coral Gables, Florida 33134

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 02/25/2014 (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Zulma P. Dinelli

Signature of a 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.)

Zulma P. Dinelli

Typed or printed name of signer

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)

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000034252

Entity Name: PR PORTS LLC

Current Principal Place of Business:

1212 NW 82ND AVE
DORAL, FL 33126

Current Mailing Address:

1825 PONCE DE LEON BLVD #680
CORAL GABLES, FL 33134 US

FEI Number: 35-2496299

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC.
7901 4TH ST N
STE 300
ST.PETERSBURG, FL 33702 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	DINELLI, ZULMA	Name	LUJAN DINELLI, MARISEL
Address	1825 PONCE DE LEON BLVD #680	Address	1825 PONCE DE LEON BLVD #680
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DINELLI, ZULMA

MGR

03/15/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

 **IRS** DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

000123.423762.50019.4512 1 AB 0.406 530




PR PORTS LLC
ZULMA P DINELLI SOLE MBR
2030 S DOUGLAS RD STE 208
CORAL GABLES FL 33134

Date of this notice: 03-12-2014

Employer Identification Number:
35-2496299

Form: SS-4

Number of this notice: CP 575 G

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 35-2496299. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.
- * Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is PRPO. You will need to provide this information, along with your EIN, if you file your returns electronically.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return this stub. Thank you for your cooperation.



Department of the Treasury
Internal Revenue Service
PO Box 149342
Austin, TX 78714-9342

Notice CP565
Notice date December 27, 2019
To contact us Phone 800-908-9982
International calls:
+1-267-941-1000
Case reference number 20294-337-03202-9
Date of birth May 2, 1966
Page 1 of 2

001251.882209.453387.27173 1 MB 0.428 411
[Barcode]

ZULMA P DINELLI
1825 PONCE DE LEON BLVD 680
CORAL GABLES FL 33134

01251

In response to your Individual Taxpayer Identification Number application

We assigned you Individual Taxpayer Identification Number (ITIN) 970-97-5205

This notice confirms your assigned ITIN 970-97-5205.

Keep this notice in a secure place with your other important documents.

We'll mail back the documents you submitted with your Form W-7 application in a separate envelope. You should receive them within 60 days. If you don't receive the documents within 60 days, or if you moved since submitting your application, call us at the telephone number listed above. You can also write to us at the address listed at the top of this notice.

Your ITIN and personal information

ITIN	970-97-5205		
Full name	ZULMA	P	DINELLI
	First	Middle	Last
Date of birth	May 2, 1966		

The IRS will use your ITIN, along with your full name and date of birth, to identify tax documents, payments, and any other correspondence. Therefore, it's very important that the personal information we have for you is correct.

If the above information is incorrect, complete the Contact information section below and mail it to us at the address listed above.

You don't need to respond to this notice unless your personal information is incorrect.

Continued on back...



ZULMA P DINELLI
1825 PONCE DE LEON BLVD 680
CORAL GABLES FL 33134

Notice CP565
Case reference number 20294-337-03202-9
Notice date December 27, 2019

Contact information

INTERNAL REVENUE SERVICE
PO BOX 149342
AUSTIN, TX 78714-9342

[Barcode]

Name _____

Date of birth _____

Address _____

City _____ State _____ Country _____ Zip code _____

Primary phone _____ Best time to call a.m. p.m.

Secondary phone _____ Best time to call a.m. p.m.

What you need to do

- Use your full name and ITIN on all correspondence with the IRS, including tax returns, tax payments and refund claims. Using an incorrect name or ITIN may cause processing delays or errors on your account.
- Use your ITIN in place of a Social Security number (SSN) when one is requested on any federal tax document.
- **You must use your ITIN on at least one federal income tax return within a three-year period or it will expire.**
- Keep this notice for your records.

Important reminders

- Your ITIN is for **federal tax purposes only**. Your ITIN can expire if you don't use it to file a tax return.
- Having an ITIN doesn't change your immigration status, or make you eligible to work in the U.S.
- Your ITIN **is not** a Social Security number (SSN) and does not entitle you to Social Security benefits, or the Earned Income Tax Credit.

Next steps

If you change your name

- Send us a copy of this notice, along with supporting documentation about your name change (such as a marriage certificate or court record) so we can update our records. Send the original or certified (by the issuing agency) legal documents to the address listed at the top of this notice.

If you become a U.S. citizen or legal resident alien

- You can apply for a Social Security number (SSN) from the Social Security Administration.
- When you receive your SSN, please send us a copy of this notice, along with a copy of your Social Security card, so we can update our records. Send these documents to the address listed at the top of this notice.
- Once you receive an SSN, you must use it for all federal tax purposes and discontinue using the ITIN.

Additional information

- Visit www.irs.gov/cp565.
- You can also find the following online:
 - Form W-7 instructions
 - Keyword "ITIN" for periodic updates

If you need assistance, please don't hesitate to contact us.

