

L18000284721

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.

((H18000351691 3)))



H180003516913ABC1

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 : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (888)692-9256

FILED
2018 DEC 12 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****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.
3071 SPRINGFIELD LANE GROUP LLC**

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

12-Dec-2018 14:04

From:

+17188897420

p.2

12/12/2018 15:07

#305 P.002/004

850-617-6381

12/12/2018 11:14:39 AM PAGE 1/001 Fax Server



December 12, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BLUMBERG/EXCELSIOR

SUBJECT: 3071 SPRINGFIELD LANE GROUP LLC
REF: W18000107075

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.

Article II list the Principal Office Address.

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) 245-6052.

Neysa Culligan
Regulatory Specialist II

FAX Aud. #: H18000351691
Letter Number: 518A00025479

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

3071 SPRINGFIELD LANE GROUP 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:

25-13 74th Street
Elmhurst, NY 11373

25-13 74th Street
Elmhurst, NY 11373

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:

Sileny Luna

Name

26 W Cypress Road

Florida street address (P.O. Box **NOT** acceptable)

Lake Worth

FL

33467

City

State

Zip

SECRETARY OF STATE
FALL HASSEE, FL 32909

2018 DEC 12 AM 9:33

FILED

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)

SILENY LUNA

(CONTINUED)

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:

Alejandro Rodriguez

52-13 74th Street

Elmhurst, NY 11373

MGR

Marina Rodriguez

25-13 74th Street

Elmhurst, NY 11373

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

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

**[Signature]*

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.

ALEJANDRO RODRIGUEZ

Typed or printed name of signer

FILED
2018 DEC 12 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)