

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L22000172659**

**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.

((H22000150919 3)))



H220001509193ABC\$

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

SECRETARY OF STATE  
TAMM AHASSETT, FLORENCE  
22 APR 26 PM 9:11  
**FILED**

RECEIVED  
2022 APR 26 PM 5:08  
DIVISION OF CORPORATIONS  
AND COMMERCIAL  
REGISTRATION SERVICES

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

From: Account Name : KB CPA SERVICES, PA S. CHATHAM  
Account Number : I20210000028  
Phone : (954)510-9188  
Fax Number : (954)510-9189

APR 27 2022

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

Email Address: rchg1988@gmail.com

**FLORIDA LIMITED LIABILITY CO.**  
**1 Thousand Blocks, LLC**

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

Electronic Filing  
Menu

Corporate Filing Menu

Help

22 APR 26 PM 9:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

(( H220001509193 ))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1 THOUSAND BLOCKS, 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:

1530 ELOISE COURT  
KISSIMMEE, FL 34759

3255 NW 94TH AVE  
CORAL SPRINGS, FL 33065

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:

RAUL CHALL GOMEZ

Name

1530 ELOISE COURT

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

KISSIMMEE

FL

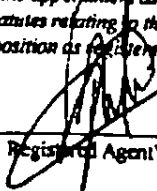
34749

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)

(( H220001509193 ))

22 APR 26 PM 9:11  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

FILED

(( H220001509193 ))

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

<u>Title:</u>	<u>Name and Address:</u>
*AMBR* - Authorized Member	
*MGR* - Manager	
<u>MGR</u>	<u>RAUL CHALL GOMEZ</u> <u>3255 NW 94TH AVE</u> <u>CORAL SPRINGS, FL 33065</u>
<u>AMBR</u>	<u>JORGE CHALL RODRIGUEZ</u> <u>3255 NW 94TH AVE</u> <u>CORAL SPRINGS, FL 33065</u>
_____	_____
_____	_____
_____	_____

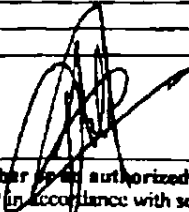
(Use attachment if necessary)

**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 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.

RAUL CHALL GOMEZ

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)

22 APR 26 PM 9:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**FILED**

(( H220001509193 ))