

1/17/23, 3:16 PM

Division of Corporations

L23000018240

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.

((H23000019528 3))



H230000195283ABC7

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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)288-0845
Fax Number : (614)573-3996

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

Email Address: Medellindesign@yahoo.com

FLORIDA LIMITED LIABILITY CO.

Orchid Palm Villa, LLC

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

2023-01-17 14:22

23 JAN 17 PM 03:35

[Electronic Filing Menu](#) [Corporate Filing Menu](#) [Help](#)

DocuSign Envelope ID: 15EAC85B-2B4A-42C2-880F-A24F890EBDA8

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Orchid Palm Villa, 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:

12704 Richards Street
Overland Park, Kansas 66213

12704 Richards Street
Overland Park, Kansas 66213

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:

C T Corporation System

N/A

1200 South Pine Island Road

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

Plantation Florida 33324

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 ~~his~~ 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~~ Chapter 605, F.S.

Stephanie Hencz

Stephanie Hencz, Assistant Secretary 01/13/2023

Registered Agent's Signature ~~REQUIRED~~

(CONTINUED)

23 JAN 17 PM 1:35

DocuSign Envelope ID: 15EAC85B-2B4A-42C2-880F-A24F590EBDA8

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	
AMBR _____	Ricardo Medellin _____ 12704 Richards Street _____ Overland Park, Kansas 66213 _____
AMBR _____	Jennifer Medellin _____ 12704 Richards Street _____ Overland Park, Kansas 66213 _____
_____	_____
_____	_____

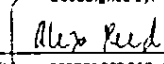
(Use attachment if necessary)

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:

DocuSigned by:


 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.
 Alex Reed

 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)

23 JAN 17 09:10:35