

L23000241084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

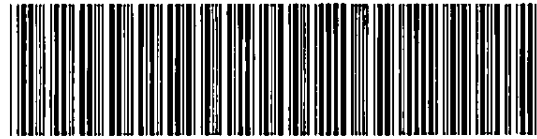
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED RECEIVED
23 MAY 16 PM 3:00
2023 MAY 16 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: I20210000160: \$160.00

Authorization Signature: *Janet Smith* :

1110 H L SMITH LLC

BUSINESS NAME _____ DOCUMENT # _____

Copy of Articles of Organization

Certificate of Status

NEW FILINGS

- Profit Corp
- Not for Profit
- Limited Liability**
- Domestication
- Other
- CORP
- LLLP

AMMENDMENTS

- Amendment
- Resignation of R.A. Officer/Director
- Change of Registered Agent
- Revocation of Dissolution
- Merger
- Articles of Conversion
- Amended and restated Articles
- Statement of Authority

OTHER FILINGS

- Annual Report
- Fictitious Name
- APOSTILLE
- Country

REGISTRATION/QUALIFICATIONS

- Foreign filing
- Limited Partnership
- Reinstatement
- Other

EXAMINER'S INITIALS: _____

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John Smith

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BUSINESS NAME

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EXAMINER'S INITIALS: _____

23 MAY 16 PM 3:00
STATE OF FLORIDA
DEPARTMENT OF REVENUE

FILED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 1110 H.L. SMITH LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roberto C. Cendejas
Name of Person
Firm/Company
6850 State Road 544 E
Address
Haines City, Florida 33844
City/State and Zip Code
recendejas72@gmail.com
E-mail address: (to be used for future annual report notification)

23 MAY 16 PM 3:00
STATE OF FLORIDA
TALLAHASSEE

FILED

For further information concerning this matter, please call:

Roberto C. Cendejas 407 466-0372
Name of Person at Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1110 H L SMITH LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "L.I.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

6850 State Road 544 E
Haines City, Florida 33844

6850 State Road 544 E
Haines City, Florida 33844

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:

Roberto C. Cendejas
Name

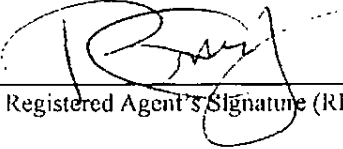
6850 State Road 544 E
Florida street address (P.O. Box **NOT** acceptable)

Haines City Florida 33844
City State Zip

23 MAY 16 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

(CONTINUED)

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Roberto C. Cendejas, Trustee of the Roberto C. Cendejas
Living Trust Agreement dated May 15, 2023
6850 State Road 544 E., Haines City, Florida 33844

AMBR

Roberto C. Cendejas, Trustee of the Roberto C. Cendejas
Living Trust Agreement dated May 15, 2023
6850 State Road 544 E., Haines City, Florida 33844

MGR

Maria Cendejas, Trustee of the Maria Cendejas
Living Trust Agreement dated May 15, 2023
6850 State Road 544 E., Haines City, Florida 33844

AMBR

Maria Cendejas, Trustee of the Maria Cendejas
Living Trust Agreement dated May 15, 2023
6850 State Road 544 E., Haines City, Florida 33844

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

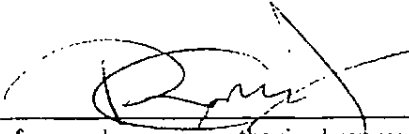
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

FILED
23 MAY 16 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Roberto C. Cendejas
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)