

6/26/23, 9:49 AM

Division of Corporations

Florida Department of State
Division of Corporations
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(((H23000225929 3)))



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2023 JUN 26 PM 2:50
STATE OF FLORIDA
TALLAHASSEE, FL

**FLORIDA LIMITED LIABILITY CO.
716 EAST AVENUE, LLC**

RECEIVED
2023 JUN 26 PM 2:34
CORPORATIONS
COMMERCIAL
SERVICES

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

716 EAST AVENUE, 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:

16106 BIRCHWOOD WAY
ORLANDO, FL 32838

16106 BIRCHWOOD WAY
ORLANDO, FL 32838

ARTICLE III - Registered Agent, Registered Office,

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:

FRANCISCO DECARVALHO

Name

16106 BIRCHWOOD WAY

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

ORLANDO

FL

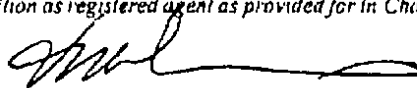
32838

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 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)

STATE OF FLORIDA
TALLAHASSEE, FL

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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:

FRANCISCO DECARVALHO

16106 BIRCHWOOD WAY

ORLANDO, FL 32838

(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.

FRANCISCO DECARVALHO

Typed or printed name of signee

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TALLAHASSEE, FL
DEPARTMENT OF STATE

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