## LZ400e 405215

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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09/30/24--01002--007 \*\*155.00

ALLAHASSEE TEUR

## COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT? Cometas Name of Lim	ited Liability Company	
The enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please return all correspondence concerning this man	tter to the following:	
Carlos Valentin	GJZMan Name of Person	2024 SEP
C.1109_		10 × 10
	Firm/Company	
2540 Stuart	S+ Address	AH 9: 4
Casandoval. 976	IAa 3230 4 ity/State and Zip Code 2 9 mail. Com for future annual report notificati	on)
For further information concerning this matter, please	e call:	
Carlos V. Guzmanat ( &	1850 ) 766-29 rea Code Daytime Telephon	010 e 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	Street Address New Filing Section D The Centre of Tallah	

P.O. Box 6327 Tallahassee, FL 32314 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:

<u>Princip</u>	al Office Address:		Mailing Add	ress:		
2540 Stu	art St.		gsandovala	760 g mai	1.com	)
Tullahassee, Fl	32304		540 Stuart	5+. 2304		
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	cannot serve as its own Re	Registered Agei gistered Agent.	nt's Signature:	<u> </u>	2024 SEP 19	<del></del>
The name and the Florida street	address of the registered ag	ent are:	av z man	TEAS:		<b>3</b>
	Carlos V	ame	20 c mar (	m <sub>c</sub> -	PM 9	Gr.
	2540 Stvar Florida street address (F		cceptable)	FL	9: 47	
	Tallahassee City	Fl State	32304 Zip			

(CONTINUED)

Registered Agent's Signature (REQUIRED)

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

The name and address of ea	ich person authorized to manage and control the Limited Liability Company:
<u>Title:</u> "AMBR" = Authorized Me "MGR" = Manager	Name and Address: mber
MGR	Carlos Valentin Guzman 2540 Stuart St. Tallahassee Fl 3230
AMBR	Cesar Antonio Aguilar 2540 Stuart St. Tallahassee Fl 32304
	SEP I
(If an effective date is listed, the dathe date of filing.)	r than the date of filing: 9/19/2024 (OPTIONAL).  te must be specific and cannot be more than five business days prior to or 90 days after ock does not meet the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if a	ny.
This docu	nature of a member or an authorized representative of a member. ment is executed in accordance with section 605.0203 (1) (b), Florida Statutes. e that any false information submitted in a document to the Department of State is a third degree felony as provided for in s.817.155, F.S.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

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ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)