La3000112566

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , ,
PICK-UP WAIT MAIL
(During and Easter Massa)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 3/8/2023

PRIORITY Regular Approval

OUR REF # (Order ID#) 1126589

ORDER ENTITY

SIESTA SUN HOMES, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

SIESTA SUN HOMES, LLC (FL)

New LLC filing

NOTES:

\$125.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely.

Please bill us for your services and be sure to include our reference number on the invoice and

Wednesday, March 8, 2023 Page Lof 1

couner package if applicable. For UCC orders, please include the thru date on the results.



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 9, 2023

INCSERV

Please keneithe erizinal submission date es the file dote therets! :)

SUBJECT: SIESTA SUN HOMES, LLC Ref. Number: W23000032355

We have received your document for SIESTA SUN HOMES, LLC. However, the document has not been filed and is being returned for the following:

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham Regulatory Specialist III Director's Office

Letter Number: 623A00005533

Please kener the original submission date as the file date thanks! :)



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Siesta Sun Hor				
(Mus	st contain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and s	treet address of the principal	office of the Limited	Liability Company is:	
Principal Office Address:			Mailing Address:	
8652 W. Park Lane		8652	W. Park Lane	
Niles, 1L 60714			s, IL 60714	
	ed Agent, Registered Office. mpany cannot serve as its ow			individual or
(The Dillined Diability Co.				
	th an active Florida registrati			
another business entity wi	th an active Florida registrati	on.)	. oa mas 200- g	
another business entity wi		on.)	· • • • • • • • • • • • • • • • • • • •	
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another business entity wi	th an active Florida registrati street address of the registere Universal Registere 1317 California Street	on.) d agent are: d Agents, Inc. Name set ss (P.O. Box NOT ac	cceptable)	2023 HAR -8 AM 10: SECRE ARY COLST. TALLAPAS SEE.
another business entity wi The name and the Florida Having been named as regis place designated in this cert further agree to comply with	th an active Florida registratics street address of the registere Universal Registere 1317 California Street address Florida street address Tallahassee City Itered agent and to accept servicing the applicate, I hereby accept the applicate of the provisions of all statutes in the provisions of all statutes	d agent are: d Agents, Inc. Name set ss (P.O. Box NOT ac FL State sice of process for the cointment as registere relating to the proper	cceptable) 32304 Zip above stated limited lied agent and agree to a and complete performs	SECRE AND SEE STATE ability company at the act in this capacity. I ance of my duties, and I
another business entity wi The name and the Florida Having been named as regis place designated in this cert further agree to comply with	th an active Florida registrati street address of the registere Universal Registere 1317 California Stre Florida street addres Tallahassee City stered agent and to accept servificate, I hereby accept the app	d agent are: d Agents, Inc. Name set ss (P.O. Box NOT ac FL State sice of process for the cointment as registere relating to the proper	cceptable) 32304 Zip above stated limited lied agent and agree to a and complete performs	SECRE AND SEE STATE ability company at the act in this capacity. I ance of my duties, and I

(CONTINUED)

Title: "AMBR" = Authorize:	Name and Address:
"MGR" = Manager	мстоег
MGR	Vincenzo Rago 1054 N. Lincoln Ave. G 28 Park Ridge. IL 60068 G
MGR	Adriana Fornal N652 W, Park Lanc Niles, IL 60714 CO
	- 10: 56
(Use attachment if nec	essury)
(If an effective date is listed, the the date of filing.) Note: If the date inserted in the	other than the date of filing: a date must be specific and cannot be more than five business days prior to or 90 days after a block does not meet the applicable statutory filing requirements, this date will not be listed as a the Department of State's records.
ARTICLE VI: Other provisions	·
	Signature of a member or an authorized representative of a member.
I am a	ocument is executed in accordance with section 605.0203 (1) (b), Florida Statutes. were that any false information submitted in a document to the Department of State tutes a third degree felony as provided for in s.817.155, F.S.
	Adrison Formal Typed or printed name of signee

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

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)

ARTICLE IV-