

L 030000 31559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

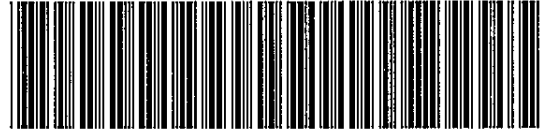
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 AUG 22 AM 11:33
DIVISION OF CORPORATION

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TALLAHASSEE, FLORIDA

BK

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

LA Serena Uc

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- ☐ Art of Inc. File _____
- ☐ LTD Partnership File _____
- ☐ Foreign Corp. File _____
- ☒ L.C. File _____
- ☐ Fictitious Name File _____
- ☐ Trade/Service Mark _____
- ☐ Merger File _____
- ☐ Art. of Amend. File _____
- ☐ RA Resignation _____
- ☐ Dissolution / Withdrawal _____
- ☒ Annual Report / Reinstatement _____
- ☒ Cert. Copy _____
- ☐ Photo Copy _____
- ☐ Certificate of Good Standing _____
- ☐ Certificate of Status _____
- ☐ Certificate of Fictitious Name _____
- ☐ Corp Record Search _____
- ☐ Officer Search _____
- ☐ Fictitious Search _____
- ☐ Fictitious Owner Search _____
- ☐ Vehicle Search _____
- ☐ Driving Record _____
- ☐ UCC 1 or 3 File _____
- ☐ UCC 11 Search _____
- ☐ UCC 11 Retrieval _____
- ☐ Courier _____

Signature _____

Requested by: SW

8/22

Name

Date

Time

Walk-In

Will Pick Up

ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LA SERENA LLC

ARTICLE II - Address:

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

Principal Office Address:

3231 S.E. 52nd Street, Ocala, FL 34480

Mailing Address:

3231 S.E. 52nd Street, Ocala, FL 34480

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the Registered Agent are:

REBECCA REINES, 3231 S.E. 52nd Street, Ocala, FL 34480

Having been named as Registered Agent and to accept service of the 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 608, F.S.



Registered Agent
REBECCA REINES

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STATE
TALLAHASSEE, FLORIDA

Article IV – Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:


Name and Address:

Manager
MGR

REBECCA REINES
3231 S.E. 52nd Street
Ocala, FL 34480

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



REBECCA REINES, Manager
(Authorized Representative)

(In accordance with Section 608.408(3),
Florida Statutes, the execution of this
document constitutes an affirmation
under the penalties of perjury that the
facts stated herein are true.)



REBECCA REINES

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CLERK OF DISTRICT COURT
HALLANDALE BEACH, FLORIDA