

LL2000051893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

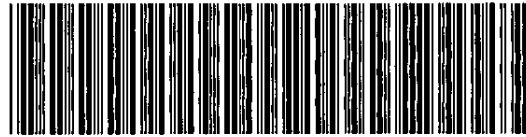
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

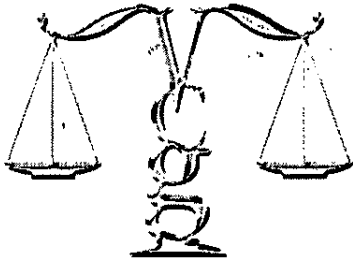


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12 APR 16 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. C. G. APR 17 2012



CRUZ-GARCIA LAW, P.A.

Victoria Cruz-Garcia*
Attorney at Law

*Admitted in Florida
Florida Notary

9350 Bay Plaza Blvd.
Suite 120-26
Tampa, Florida 33619

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F 813 258-0203
vcg@cruzgarcialaw.com

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April 12, 2012

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: **Florida Best Property Services, LLC**

Dear Sir/Madam:

Enclosed are the following documents:

1. Cover letter for Registration of Florida Best Property Services, LLC (the "LLC");
2. Articles of Organization for the LLC;
3. Firm check number 125 in the amount of \$160.00

Should you need anything further, please feel free to contact me.

Best wishes,

A handwritten signature in black ink, appearing to read 'Victoria Cruz-Garcia', written over the printed name.

Victoria Cruz-Garcia

Enclosures as stated

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Florida Best Property Services

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:

Victoria Cruz-Garcia

Name of Person

Cruz-Garcia Law, P.A.

Firm/Company

9350 Bay Plaza Blvd., Suite 120-26

Address

Tampa, Florida 33619

City/State and Zip Code

vcg@cruzgarcialaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Victoria Cruz-Garcia

at (813) 258-0200

Name of Person

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

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Florida Best Property Services, 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:

801 35th Ave. N.
St. Petersburg, Florida 33710

Mailing Address:

801 35th Ave. N.
St. Petersburg, Florida 33710

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:

Abel Quesada

Name

801 35th Ave. N.

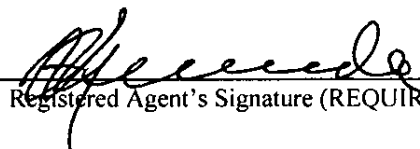
Florida street address (P.O. Box **NOT** acceptable)

St. Peterburg FL 33710

City, State, and Zip

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TALLAHASSEE, FLORIDA

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 608, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Abel Quesada

8011 35th Ave. N.

St. Petersburg, FL 33710

(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.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(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. 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.)

Abel Quesada

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)

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TALLAHASSEE, FLORIDA