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EFFECTIVE DATE 01/01/16

2/17/15

COVER LETTER

TO:	Registration Section Division of Corporations
CUDIEC	6736-105 Casa Nueva LLC
SUBJEC	Name of Limited Liability Company
The enck	osed Articles of Organization and fee(s) are submitted for filing.
Please ret	turn all correspondence concerning this matter to the following:
	Caron Samuels
	Name of Person
	6736-105 Casa Nueva LLC
	Firm/Company
	17823 Cadena Drive
	Address
	Boca Raton Florida 33496
	City/State and Zip Code cajsam1@gmail.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Caron Samuels 561 715-5938
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
	Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \$\text{S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)
	Mailing Address

Mailing Address

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

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	Т	IC	L	E	I	-	N	a	me	1

The name of the Limited Liability Company is:

6736-105 Casa Nueva 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:

17823 Cadena Drive	17823 Cadena Drive
Boca Raton	Boca Raton
Florida 33496	Florida 33496

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:

Caron Samuels		
	Name	
17823 Cadena Drive	:	
Florida street addres	ss (P.O. Box NOT acc	ceptable)
Boca Raton	Florida	33496
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 I 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)

(CONTINUED)

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SECRETARY OF STATE

	Title: "AMBR" = Authorized	Member	Name and Address:
	"MGR" = Manager MGR		Caron Samuels T7823 Cadena Drive Boca Raton Florida 33496
	(Use attachment if neces	ssary)	
(If an ef the date <u>Note:</u>	fective date is listed, the of filing.) If the date inserted in this	date must be specific and block does not meet the a	1 January 2016 (OPTIONAL) 1 cannot be more than five business days prior to or 90 days after 1 applicable statutory filing requirements, this date will not be listed as
	LE VI: Other provisions,	the Department of State's if any.	s records.
	REOUIRED SIGNAT	URE:	Dunies

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

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.

Caron Samuels

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)

ARTICLE IV-

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