

L1600091817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

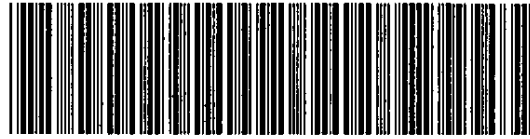
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/21/16--01021--020 **130.00

OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FLORIDA

16 MAY 12 AM 11:39

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Maria C. Rocha, PLLC

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:

Maria C. Rocha

Name of Person

Rocha International Real Estate Group

Firm/Company

22 S. Links Ave. Suite 200

Address

Sarasota/FL 34236

City/State and Zip Code

mariarealtor100@gmail.com

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

For further information concerning this matter, please call:

Maria C. Rocha 941 275-6266

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
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 27, 2016

MARIA C. ~~ROJAS~~ ROCHA
22 S LINKS AVE STE 200
SARASOTA, FL 34236

SUBJECT: MARIA C. ROCHA, PLLC
Ref. Number: W16000031269

We have received your document for MARIA C. ROCHA, PLLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

The ~~auth~~ authorized member must have an address.
authorized

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 116A00008767

RECEIVED
16 MAY 12 PM 4: 27
DEPT OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Maria C. Rocha, PLLC

(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:

22 S. Links Ave, Suite 200
Sarasota, FL 34236

Mailing Address:

22 S. Links Ave, Suite 200
Sarasota, FL 34236

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:

Maria C. Rocha

Name

2884 Pinecrest St.

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

Sarasota

FL

34239

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.

Maria C. Rocha

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
16 MAY 12 AM 11:09
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 05/12/16 BY 60322/UC/STW/STP

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member
"MGR" = Manager
AMBR,MGR

Name and Address:

Maria C. Rocha
22 S. Links Ave, Suite 200 Sarasota, FL 34236

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

The purpose of the entity is to perform Real Estate Services

REQUIRED SIGNATURE:

Maria C. Rocha

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.

Maria C. Rocha

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)