

L/6000154991

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 AUG 19 AM 8:35

W16-054655

08/22/16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2016

MARIA ROJAS
2111 ~~BEGARA~~ CT. *Belcara*
ROYAL PALM BEACH, FL 33411

SUBJECT: ST. LUCIE PROJECT, LLC
Ref. Number: W16000054655

We have received your document for ST. LUCIE PROJECT, LLC 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P00000087443.

Please return the corrected original and one copy of 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.

Thomas Chang
Regulatory Specialist II - Letter Number: 616A00016627
New Filing Section

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: St. Lucie Project, LLC

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 Esther Rojas

Name of Person

St. Lucie Project, LLC

Firm/Company

2111 Belcara Ct.

Address

Royal Palm Beach, FL 33411

City/State and Zip Code

mayterojas73@gmail.com

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

For further information concerning this matter, please call:

Maria Esther Rojas

561

2259112

at (_____) _____

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

→ St. Lucie Project Paradise 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:

1696 SE South Niemyer Circle, Port St. Lucie FL

Mailing Address:

2111 Belcara Ct. Royal Palm Beach FL

33411

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 Esther Rojas

Name

1696 SE South Niemyer Circle

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

Port St. Lucie

FL

34952

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..

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Managing Member

Name and Address:

Maria Esther Rojas
1696 SE South Niemyer Circle
Port St. Lucie, FL 34952

Managing Member

Jeremy Barnes
1696 SE South Niemyer Circle
Port St. Lucie, FL 34952

Managing Member

Pastor Morales and Mateo Morales
1696 SE South Niemyer Circle
Port St. Lucie, FL 34952

Managing Member

Jorge Rovelo
1696 SE South Niemyer Circle
Port St. Lucie, FL 34952

(Use attachment if necessary)

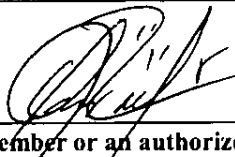
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

REQUIRED SIGNATURE:



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.

Jorge Omar Rovelo

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)