

L/7000153237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

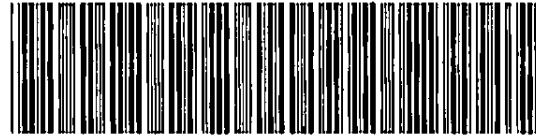
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 JUL 18 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: LATIN FLO 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:

David Garcia

Name of Person

Firm/Company

8018 Buttercup Circle

Address

Labelle, FL 33935

City/State and Zip Code

latinflo@yahoo.com

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

For further information concerning this matter, please call:

David Garcia

863

673-6889

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:

LATIN FLO LLC

(Must contain 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:

8018 Buttercup Circle
Labelle, FL 33935

Mailing Address:

8018 Buttercup Circle
Labelle, FL 33935

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:

David Garcia

Name

8018 Buttercup Circle

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

Labelle,

FL

33935

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.

DocuSigned by:

DAVID GARCIA

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

AMBR

AMBR

Name and Address:

David Garcia

8018 Buttercup Circle

Labelle, FL 33935

Ruby Garcia

8018 Buttercup Circle

Labelle, FL 33935

(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:

DocuSigned by:

DAVID GARCIA

F34A00 **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.

David Garcia

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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**TTC BUSINESS
SOLUTIONS**

2703 Jones Franklin Road, Suite 205
Cary, North Carolina 27518
Tel. (888) 892-3040
Fax (270) 477-4574
TTCBusinessSolutions.com

July 13, 2017

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

RE: LATIN FLO LLC
Articles of Organization

Dear Sir or Madam:

Enclosed please find Articles of Organization for the Limited Liability Company for LATIN FLO LLC as well as a check in the amount of \$125.00 for the filing fee associated with this filing.

Thank you for your time and attention to this matter. Please call if you have any questions on the same.

Very truly yours,

TTC Business Solutions

Enclosures: as stated