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PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to f	Filing Officer:	

Office Use Only



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SECRETARY CONTRACTORIDATE

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# THE SOTO LAW OFFICE, P.A.

Kimberly Soto, Esq. www.thesotolawoffice.com

Wekiva Springs Office Park 415 Montgomery Road, Unit 111 Altamonte Springs, Florida 32714 Phone (321) 972-2279
Fax (407) 386-7165
ksoto@thesotolawoffice.com

February 22, 2018

## Via First Class Mail

New Filing Section Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Re: Ferdiz, LLC

Dear Sir/Madam:

Enclosed are the Articles of Organization in connection with the above referenced matter. Also enclosed is check in the amount of \$160.00, payable to the Florida Department of State for filing fees.

Should you have any questions regarding the enclosed, please do not hesitate to contact me.

Sincerely,

Kimberly Soto, Esq.

18 FEB 26 AM 9: 51 SECNLTARY OF STALL ALLAHASSEE, FLORIDA

# COVER LETTER

TO:	New Filing Section Division of Corporations		
SUBJEC	Ferdiz, LLC		
5005120		Limited Liabil	ity Company
The encl	osed Articles of Organization and fee(s	) are submitted	for tiling.
Please re	turn all correspondence concerning this	matter to the	following:
	Carlos Orlando Ferreira Pinzon		
		Name of	Person
		Firm/Co	empany
	20357 Corkscrew Shores Blvd.		
		Addr	ress
	Estero, FL 33928		
	Cafepi@me.com	City/State an	d Zip Code
	·	sed for future :	annual report notification)
For furthe	r information concerning this matter, pl	ease call:	
	Carlos Orlando Ferreira Pinzon	239	770-8537
	Name of Person	Area Code	Daytime Telephone Number
Enclosed	I is a check for the following amount:		
	Filing Fee \$\int \text{\$\text{\$\subset\$\$\$\$\$\$\$\$\$\$ \$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\exitt{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\}}\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\tex	L—J <sub>Certifi</sub>	200 Filing Fee & S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address
	New Filing Section Division of Corporations		New Filing Section Division of Corporations
	P.O. Box 6327		Clifton Building
	Tallahassee, FL 32314		2661 Executive Center Circle

Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must	ontain the words "Limited Liab		
		ility Company,	'L.L.C.," or "LLC.")
RTICLE II - Address:			
e mailing address and stre	et address of the principal office	of the Limited	Liability Company is:
<u>Pris</u>	cipal Office Address:		Mailing Address:
20357 Corkscrey	Shores Blvd.	2035	7 Corkscrew Shores Blvd.
			o, FL 33928
the Limited Liability Comp other business entity with	Agent, Registered Office, & Reany cannot serve as its own Rean active Florida registration.)	tegistered Agengistered Agent. Y	t's Signature:
RTICLE III - Registered he Limited Liability Compother business entity with	Agent, Registered Office, & Reany cannot serve as its own Regan active Florida registration.)	Registered Agen gistered Agent. Y	t's Signature:
RTICLE III - Registered he Limited Liability Compother business entity with	Agent, Registered Office, & Registered Office, & Registry cannot serve as its own Registration.)  eet address of the registered age  Carlos Orlando Ferreira	Registered Agen gistered Agent. Y	t's Signature:
RTICLE III - Registered he Limited Liability Compother business entity with	Agent, Registered Office, & Registered Office, & Registry cannot serve as its own Registration.)  eet address of the registered age  Carlos Orlando Ferreira	Registered Agent gistered Agent. Y ent are: Pinzon ame	t's Signature:
RTICLE III - Registered he Limited Liability Compother business entity with	Agent, Registered Office, & Registered office, & Registered as its own Registration.)  eet address of the registered age  Carlos Orlando Ferreira	Registered Agent Spistered Agent Spistered Agent Spint are: Pinzon ame	t's Signature: 'ou must designate an individ
RTICLE III - Registered he Limited Liability Compother business entity with	Agent, Registered Office, & Regany cannot serve as its own Regan active Florida registration.)  eet address of the registered age  Carlos Orlando Ferreira  No.  20357 Corkscrew Shores	Registered Agent Spistered Agent Spistered Agent Spint are: Pinzon ame	t's Signature: 'ou must designate an individ

the 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)

- Huma

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.

Andres Felipe Ferreira Diaz

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-

8 FEB 26 AM 9:51 ECKETAKY CLUSIAS LITAHASSEE FLORIDA