

# L18000085734

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(Requestor's Name)

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(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

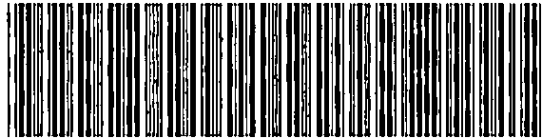
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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700309460017  
02/27/18-01027-4005 \$125.00

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18 APR -9 PM 4:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N CULLIGAN

APR 9 2018

**COVER LETTER**

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

**SUBJECT: SANTI'S PROPERTIES**

\_\_\_\_\_  
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:

SANTIAGO RODRIGUEZ BETANCOURT

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

18304 DOLLY BROOK LN

\_\_\_\_\_  
Address

LUTZ FL 33549

\_\_\_\_\_  
City/State and Zip Code

santiago.r.b.72@gmail.com

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

For further information concerning this matter, please call:

SANTIAGO RODRIGUEZ

813

4592617

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 9, 2018

SANTIAGO RODRIGUEZ BETANCOURT  
18304 DOLLY BROOK LANE  
LUTZ, FL 33549

SUBJECT: SANTI'S PROPERTIES  
Ref. Number: W18000020632

We have received your document for SANTI'S PROPERTIES and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

You faxed the application back to me on the April 4th. You did not include the letter that was asked for.

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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 918A00004299

April 4, 2018

Dear Mrs. Neysa Culligan

This letter is to confirm that I do not wish to reinstate Santi's Properties Corporation P16000087186. I would like to register a new business account with the same name but instead of a corporation, I would like it to be an LLC. Thank you for your cooperation in advance.

Sincerely,

A handwritten signature in cursive script that reads "Santiago RB". The signature is written in dark ink and is positioned above the printed name.

Santiago Rodriguez

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SANTI'S PROPERTIES, 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:

18304 DOLLY BROOK LN  
LUTZ FL 33549

Mailing Address:

18304 DOLLY BROOK LN  
LUTZ FL 33549

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:

SANTIAGO RODRIGUEZ BETANCOURT

Name

18304 DOLLY BROOK LN

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

LUTZ

FL

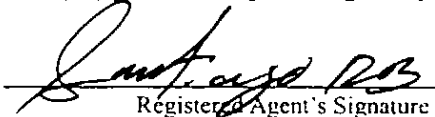
33549

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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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

SANTIAGO RODRIGUEZ BETANCOURT

18304 DOLLY BROOK LN

LUTZ FL 33549

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 APR -9 PM 4:33

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 02/01/2018. (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:**

Santiago R B  
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.

Santiago Rodriguez B  
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)