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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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

☐ PICK-UP

☐ WAIT

☐ MAIL

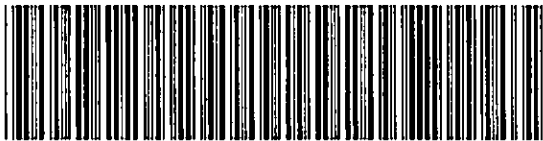
\_\_\_\_\_  
(Business Entity Name)

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

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**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.Incserve.com  
e-mail: info@incserve.com



**ORDER FORM**

**TO** Florida Department of State  
Division of Corporations, Clifton  
Building  
2661 Executive Center Circle  
Tallahassee, FL 32301  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Stops  
mstops@incserve.com  
850.656.7953

**REQUEST DATE** 12/20/2018

**PRIORITY** Routine

**OUR REF # (Order ID#)** 709912

**ORDER ENTITY**

WESTCHESTER RENTAL HOME, LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

WESTCHESTER RENTAL HOME, LLC ( FL )

New LLC filing

**NOTES:**

\$125.00 Authorized

Email address for annual report reminders: alyssawilliams@hobsonfirm.com

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MS" or similar initials, written below the word "Sincerely,".

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – NAME**

The name of this Limited Liability Company is:

WESTCHESTER RENTAL HOMES, LLC

**ARTICLE II – ADDRESS**

The mailing address and street address of this Limited Liability Company's principal office are:

135 San Lorenzo Avenue, Suite 660  
Coral Gables, FL 33146

**ARTICLE III - MANAGEMENT**

This Limited Liability Company is to be managed by two (2) managers and, therefore, is a manager-managed company. The name and address of the initial Managers are:

Manuel M. Gonzalez  
918 North West 106<sup>th</sup> Avenue Circle  
Miami, FL 33172

Maria E. Garcia  
135 San Lorenzo Avenue, Suite 660  
Miami, FL 33146

**ARTICLE IV – REGISTERED AGENT AND OFFICE**

The name and address of the initial registered agent of this Limited Liability Company are:


Paul A. Garcia, P.A.  
135 San Lorenzo Avenue, Suite 660  
Coral Gables, FL 33146

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### ARTICLE V - PURPOSE

This Limited Liability Company may engage in any activity or business permitted under the laws of the United States and the State of Florida.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization, with an effective date as of the 1<sup>st</sup> day of January, 2019.

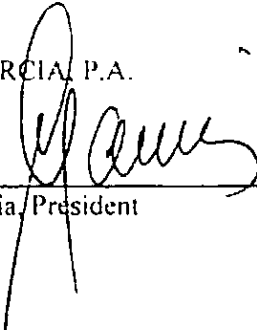
  
\_\_\_\_\_  
Maria E. Garcia, Authorized Representative

### **REGISTERED AGENT ACCEPTANCE**

Having been named as registered agent and to accept service of process for the above-stated Limited Liability Company at the place designated in these Articles of Organization, the undersigned hereby accepts the appointment as registered agent and agrees to act in such capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent as provided for in Chapter 605, Florida Statutes.

PAUL A. GARCIA, P.A.

Effective as of the 1<sup>st</sup> day of January, 2019

  
\_\_\_\_\_  
Paul A. Garcia, President

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