

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : GINN & PATROU, PA  
Account Number : 120190000124  
Phone : (904)461-3000  
Fax Number : (844)730-9828

2020 JAN 21 PM 4:31

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: [joseph0518@gmail.com](mailto:joseph0518@gmail.com)

FLORIDA LIMITED LIABILITY CO.

## C STREET RETREAT LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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## Electronic Filing Menu

## Corporate Filing Menu

Help

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: C Street Retreat 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:

Jonathan P. Hermes, Esq.

Name of Person

Ginn & Patterson, P.A.

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**Firm/Company**

770 AIA Beach Blvd. Ste. D

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**Address**

St. Augustine, FL 32080

City/State and Zip Code

lisad0518@aol.com

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

For further information concerning this matter, please call:

Jonathan P. Hermes 904 461-3000  
at ( ) \_\_\_\_\_

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:

C Street Retreat, 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:

105 1ST ST  
St. Augustine, FL 32080

Mailing Address:

105 1ST ST  
St. Augustine, FL 32080

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:

Ginn & Patrou, P.A.

Name

770 A1A Beach Blvd., Ste. D

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

St. Augustine

Fl.

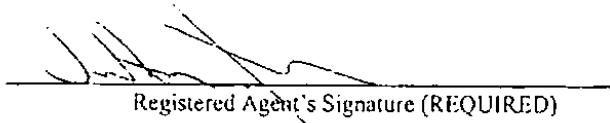
32080

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)

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**ARTICLE IV-**

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

**Title:** Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Lisa Caroline Dasilva

105 1ST ST

St. Augustine, FL 32080

AMBR

Antonio Jose Dasilva

105 1ST ST

St. Augustine, FL 32080

(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:**

/s/ Jonathan P. Hermes

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.

Jonathan P. Hermes, Esq.

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)