

L20000045383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

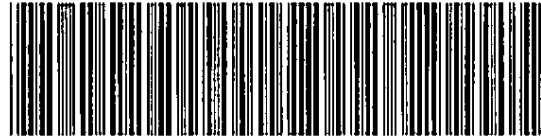
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300338247383

12/30/18--01000--000 ++125.00

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: 3561 OLC, 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:

Pamela Maldonado  
Name of Person  
3561 OLC, LLC  
Firm/Company  
19053 Fly Rod Run  
Address  
Loxahatchee, FL 33470  
City/State and Zip Code  
maldonadopbc@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pamela Maldonado at ( 305 ) 873-4239  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
2019 DEC 30 AM 9:20  
SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

35610LC, 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:

19053 Fly Rod Run  
Loxahatchee, FL 33470

Mailing Address:

same  
as principal office

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: Ana Cristina Maldonado of

Maldonado Mediation & Law Inc.  
Name

8461 Lake Worth Rd.

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

Lake Worth, FL 33467

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.

Ana Cristina Maldonado

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2019 DEC 30 AM 9:20  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

Pamela Maldonado  
19053 Fly Rod Run  
Loxahatchee, FL 33470

AMBR

Ana Cristina Maldonado  
19053 Fly Rod Run  
Loxahatchee, FL 33470

AMBR

David Narvaez  
19053 Fly Rod Run  
Loxahatchee, FL 33470

/

/

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/01/2020 (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:

Rental property administration & improvement.

**REQUIRED SIGNATURE:**

Pamela Maldonado

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.

PAMELA MALDONADO

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)

**FILED**  
2019 DEC 30 AM 9:20  
SECRETARY OF STATE  
TALLAHASSEE, FL

2/5/2020

Dear Mr. Lawrence -

Per your question, the filing  
name contains the letter "O".  
Thank you for clarifying!

Best,

Ana Cister Melendres

db/o 3561 OLC, LLC

FILED

2019 DEC 30 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FL