

L20000046723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

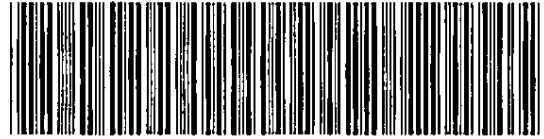
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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20 JAN 27 PM 3:57

LUISA ESTELA SANCHEZ
1110 STARLING AVENUE
MIAMI SPRINGS, FL, 33166

January 2nd, 2020

NEW FILING SECTION
DIVISIONS OF CORPORATIONS
CLIFTON BUILDING
2661 EXECUTIVE CENTER CIRCLE
TALLAHASSEE, FLORIDA, 32301

To Whom It May Concern,

My name is L. Estela Sanchez, and I am the Registered Agent regarding "PATRICIA APARTMENTS LLC", Document #L09000046002.

I would like to release the "admin dissolution for annual report" on Document # L09000046002 regarding "PATRICIA APARTMENTS LLC" and release the rights to the Name.

In addition, I have prepared and signed a copy of the Articles of Incorporation application and enclosed a payment for the application fee in order to submit an original application to register the same name "PATRICIA APARTMENTS LLC".

Please do not hesitate to contact me, L. Estela Sanchez (305) 742-8917, with any questions or comments.

Thank you in advance for your attention.

Sincerely,


L. Estela Sanchez
1110 Starling Avenue
Miami Springs, FL, 33166

COVER LETTER

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

SUBJECT: PATRICIA APARTMENTS LLC 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:

LUISA ESTELA SANCHEZ

Name of Person

PATRICIA APARTMENTS LLC

Firm/Company

1110 STARLING AVENUE

Address

MIAMI SPRINGS, FLORIDA. 33166

City/State and Zip Code

sanchez111@aol.com

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

For further information concerning this matter, please call:

LUISA ESTELA SANCHEZ 305 742-8917

Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PATRICIA APARTMENTS 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:

1110 STARLING AVENUE
MIAMI SPRINGS, FL 33166

Mailing Address:

1110 STARLING AVENUE
MIAMI SPRINGS, FL 33166

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:

LUISA ESTELA SANCHEZ

Name

1110 STARLING AVENUE

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

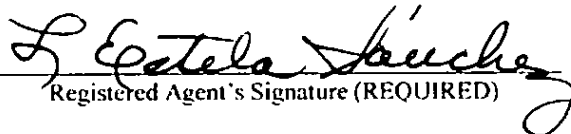
MIAMI SPRINGS FLORIDA 33166

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)

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

MGR

LUISA ESTELA SANCHEZ
1110 STARLING AVENUE
MIAMI SPRINGS, FLORIDA 33166

MGR

PATRICIA SANCHEZ-ALCAINE
1110 STARLING AVENUE
MIAMI SPRINGS, FLORIDA 33166

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/02/2020 (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.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 607.0203 (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.

LUISA ESTELA SANCHEZ

Typed or printed name of signer

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)