

L20000076839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

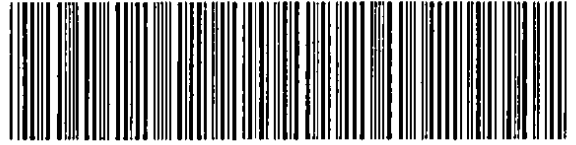
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W20-26597

Office Use Only



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03/12/20--01001--006 **130.00

03/12/20 11:00:00

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MAR 16 2020

FLORIDA CAPITAL COURIER SERVICES, INC.
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Corporation Name & Document Number, (if known):

1. City Centre Condo Unit 802
(Corporation Name)

Document #

2. _____
(Corporation Name)

Document #

☒ Walk in

_____ Pick up time _____

_____ Mail out

_____ Will wait

_____ Photocopy

_____ Certified Copy

_____ Certificate of Status

NEW FILINGS

_____ Profit

_____ Not for Profit

_____ Limited Liability

_____ Domestication

_____ Other Articles of Organization

AMMENDMENTS

_____ Amendment

_____ Resignation of R.A. Officer/Director

_____ Change of Registered Agent

_____ Dissolution/Withdrawal

_____ Merger

OTHER FILINGS

_____ Annual Report

_____ Fictitious Name

_____ APOSTIL _____

COUNTRY

REGISTRATION/QUALIFICATIONS

_____ Foreign

_____ Limited Partnership

_____ Reinstatement

_____ Trademark

_____ Other

INITIALS: _____

EXAMINER'S

COVER LETTER

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

SUBJECT: CITY CENTRE CONDO UNIT #802

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:

JASON BROCKMAN

Name of Person

LENDING SOLUTIONS, LLC

Firm/Company

5570 OKEECHOBEE BLVD # 4

Address

WEST PALM BEACH, FL 33411

City/State and Zip Code

nhitisueu@yahoo.com

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

For further information concerning this matter, please call:

JASON BROCKMAN

561

493-0404

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 12, 2020

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: CITY CENTRE CONDO UNIT #802, LLC
Ref. Number: W20000026597

We have received your document for CITY CENTRE CONDO UNIT #802, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law does not allow a business entity to designate a registered agent outside the State of Florida.

The designation of the registered agent must be at a Florida street address.

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.

KYLE D BRUMBLEY
Regulatory Specialist II

Letter Number: 020A00005485

2020 MAR 13 14 7:57

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CITY CENTRE CONDO UNIT #802, 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:

Mailing Address:

40 SHORE BLVD

1-F

BROOKLYN, NY 11235

40 SHORE BLVD

1-F

BROOKLYN, NY 11235

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 Davila

Name

111 East Monument Avenue # 804

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

Kissimmee

Florida

34741

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..

Ralph Soto

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:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

RALPH SOTO

40 SHORE BLVD 1-F

BROOKLYN, NY 11236

(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:

Ralph Soto

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.

RALPH SOTO

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)