

L20000137958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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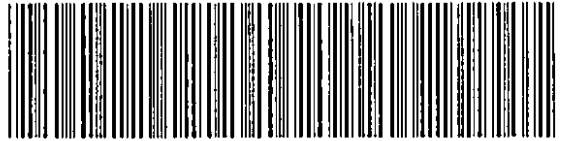
(Business Entity Name)

(Document Number)

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

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2020 MAY 27 AM 11:44

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SEAL OF THE STATE OF OHIO  
TALLMADGE COUNTY

28 2020

2020

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 5/27/20**

**NAME: SAGUARO LLC**

**TYPE OF FILING: ARTICLES**

**COST: 155.00**

**RETURN: CERTIFIED COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*a Hodge*

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**COVER LETTER.**

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

**SUBJECT:** Saguaro LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing

Please return all correspondence concerning this matter to the following:

Daniel Steigert

Name of Person

StartABusiness.com

Firm/Company

101 Main Street, Suite One

Address

Tappan, NY 10983

City, State and Zip Code

dsteigert@startabusiness.com

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

For further information concerning this matter, please call.

Daniel Steigert

845

398-0900

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Saguaro 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:

4301 S Flamingo Road Suite 106 PMB  
Davie, FL 33330

Mailing Address:

London Secretary Service  
Kemp House, 160 City Road  
London EC1V 2 NX, U.K.

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:

Legalinc Corporate Services, Inc.

Name

5237 SUMMERLIN COMMONS BLVD, SUITE 400

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

Fort Myers

FL


33907

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)

-Authorized

Rep.

Legalinc.

(CONTINUED)

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2020 MAY 27 AM 11:11  
TALLAHASSEE, FLORIDA  
SEC. OF STATE

**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMGR" = Authorized Member

"MGR" = Manager

MGR

Cécile GIANNETTI- 4301 S Flamingo Road Suite 106 PMB  
Davie, FL 33330

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing \_\_\_\_\_ (OPTIONAL)

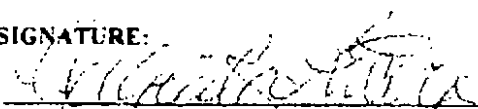
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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:**



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.

Gabriela Lucero - Authorized Person

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)