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### COVER LETTER

UNLQ.PR	OMO LLC				
CCT:	Nous	u at Limit	ad Liabilit	v Company	<del></del>
	Nam	ie or i,iiiii	ed mamm	) Company	
closed Articles of	Organization and I	fee(s) are :	submitted t	or filing.	
return all correspo	ondence concerning	g this matt	er to the fo	llowing:	
CORALIA A	MLCALA				
			Name of 1	²erson	<del></del>
UNLQ.PRO	MO LLC				
			E. (C)		
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4998 Courii	and 100p				
			Addre	SS	
Winter Sprit	ngs, FL 32708				
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		<b>.</b>			
				2415 N. Monroe Stre	et, Suite 810
	Division of Cou UNLQ.PRO CCT:  closed Articles of return all correspondence CORALIA and the UNLQ.PRO  4998 Courtl  Winter Spring coralia 1@ma coralia 1@ma  ed is a check for the coralia Alca  Nam  ed is a check for the coralia Fee  Mailing New Folivisi	Name of Person  Coralia Alcala  Name of Person  Mailing Address New Filing Section  Mailing Address New Filing Section	Division of Corporations  UNLQ-PROMO LLC  CCT: Name of Limit  closed Articles of Organization and fee(s) are seturn all correspondence concerning this matter.  CORALIA ALCALA  UNLQ-PROMO LLC  4998 Courtland loop  Winter Springs. FL 32708  City coralia1@mac.com  E-mail address: (to be used for the information concerning this matter, please of the coralia Alcala 407  at (	Division of Corporations UNLQ.PROMO LLC  CCT:  Name of Limited Liability  Closed Articles of Organization and fee(s) are submitted to return all correspondence concerning this matter to the for CORALIA ALCALA  Name of Tourier Corporations  Name of Person  Mailing Address New Filing Section Division of Corporations	Division of Corporations UNLQPROMO LLC  CCT:    Name of Limited Liability Company   Closed Articles of Organization and fee(s) are submitted for filing.   return all correspondence concerning this matter to the following:   CORALIA ALCALA

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
LINEO PROMOLLEC				
(Must contain the words "Limited Lia	ability Compa	ny, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limi	ted Liability Company is:		
Principal Office Address:		Mailing Address:		
4998 Coutland Liver Winter Springs FL 32708 USA		Vinter Spangs FT 32708 TISA		
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.)  The name and the Florida street address of the registered agency.	egistered Age )			
Coralia Alcala	Name			
	Name			
<u>4998 Contland Loop</u> Florida street address (	Р.О. Вох <b>хо</b>	T acceptable)		
Winter Spring	14	32708		
City	State	Zip		
Having been named as registered agent and to accept service place designated in this certificate. I hereby accept the appoin further agree to comply with the provisions of all statutes rela am familiar with and accept the obligations of my position as  ( Registered)	nument as regis nting to the pro registered age	stered agent and agree to act in this capacity. I per and complete performance of my duties, and I		
•	(CONTINUE	D)		

## ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Coralia Alcala
	4998 Courtland Loop
	Winter Springs FL 32708
	The state of the s
AMBR	Fernan Alcala 4998 Courtiand Loop
	Winter Springs FL 32708
<del></del>	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than i	the date of filing: 05/14/2020 (OPTIONAL)
	st be specific and cannot be more than five business days prior to or 90 days after
he date of filing.)	and the second s
Note: If the date inserted in this block do	es not meet the applicable statutory filing requirements, this date will not be listed as
he document's effective date on the Depa	irliment of State's records
RTICLE VI: Other provisions, if any	
	~ ^
REQUIRED SIGNATURE:	$\mathcal{C}(\mathcal{N})$
	Chhais
S:	of a member or an authorized representative of a member.
This document is	s executed in accordance with section 605.0203 (1) (b). Florida Statutes.
l am aware that a	my false information submitted in a document to the Department of State
constitutes a third	d degree felony as provided for in s.817.155, F.S.
	N 117741 A
CORALL	A ALCALA  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)

# $\textbf{ARTICLES} \ \textbf{OF} \ \textbf{ORGANIZATION} \ \textbf{FOR} \ \textbf{FLORIDA} \ \textbf{LIMITED} \ \textbf{LIABILITY} \ \textbf{COMPANY}$

UNLO PROMO LLC (Must contain	the words "Limited L	iability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address:				
he mailing address and street addr	ress of the principal of	fice of the Limited	Liability Company is:	
Principal	Office Address:		Mailing Address:	
4998 Countend Loop			8 Courtland Loon	
Winter Springs FL 32708 USA			Winter Springs FL 32708 LISA	
he name and the Florida street add		n)	You must designate an individual or	
The name and the Florida street ad		n)		
The name and the Florida street ad	Coralia Alcala  4998 Countland Loop	agent are.  Name		
The name and the Florida street ad	idress of the registered  Coralia Alrala  4998 Courtland Loop Florida street address	n ) agent are.  Name s (P O. Box <b>NOT</b> a	acceptable)	
The name and the Florida street ad	Coralia Alcala  4998 Countland Loop	n ) agent are.  Name  S (P O. Box NOT a		

(CONTINUED)

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Coralia Alcala
	4998 Courtland Loop Winter Springs, FL 32708
	Winter Springs FL 32708
AMBR	Fernan Alcala
AMDR	4998 Courtland Loop
	4998 Courtland Loop Winter Springs FL 32708
(Use attachment if necessary)	
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	date of filing: <u>05/14/2020</u> . (OPTIONAL)
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CLE VI: Other provisions, if any.	(I) (I) (A)
	and
REOUIRED SIGNATURE:	a member or an authorized representative of a member.
REQUIRED SIGNATURE:  Signature of a This document is ex	a member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. talse information submitted in a document to the Department of State

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)

CORALIA\_ALCALA
Typed or printed name of signee