# L2000215933

(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

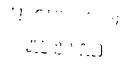


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SECRETALLY OF STATE

2020 JUL 28 PH 1:5



# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

	<u> </u>			
1Vestors, LLC				
	<del></del>			
1 Vestors, LLC (that	t is the # "1")			
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art. of Amend. File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Сеп. Сору
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Cianatura				Fictitious Owner Search
Signature				Vehicle Search
				Driving Record
Requested by: SETH	07/07/00			UCC 1 or 3 File
	$-\frac{07/27/20}{5}$			UCC 11 Search
Name	Date	Time		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier
17 · Donner - Donner on . Those C			•	

## COVER LETTER

TO: New Filing Section

Di	vision of Co	rporations				
SUBJECT:	1Vestors, I	LLC				
	Name of Limited Liability Company					
The enclose	d Articles of	Organization and fee(s	s) are	submitted	for filing.	
Please retur	n all correspo	ondence concerning thi	s ma	tter to the f	following:	
	John C. God	de, Esq.				
	-			Name of	Person	
	Goede, Adas	nczyk,DeBoest, & Cro	oss, F	rLLC		
				Firm/Co	трапу	
	6609 Willow	Park Drive, Second F	loor			
		-		Addr	ess	<del></del>
	Naples, FL 3	4109				
s	bedyan@gad	claw.com	Ci	ty/State an	d Zip Code	
_		E-mail address: (to be )	ised	for future a	nnual report notificati	on)
For further in	formation co	ncerning this matter, pl	lease	call;		
Susan L. Bedyan		23	9	331-5100 Extensio		
_	Name of Person			Area Code Daytime Telephon		<del></del>
Enclosed is	a check for th	ne following amount:				
<b>□\$</b> 125.00 I	□\$125.00 Filing Fee □\$130.00 Filing Fee Certificate of Status			Certified Copy (additional copy is enclosed)		□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New Fi Divisio P.O. B	g Address ling Section n of Corporations ox 6327 issec, FL 32314		,	Street Address New Filing Section Di The Centre of Taltaha 2415 N. Monroe Stree Tallahassee, FL 3230	issee et, Suite 810

FILED

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2020 JUL 28 AMII: 11

SECRETARY OF STATE TALLAHASSEE, FL

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must contain the words "Limited Liabi	lity 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:	
15275 Collier Blvd	15275 Collier Blvd	
# 201/269	# 201/269	
Naples, FI 34119	Naples, FI 34119	
The Limited Liability Company cannot serve as its own Regi-	gistered Agent's Signature: stered Agent. You must designate an individual of	
ARTICLE III - Registered Agent, Registered Office, & Re The Limited Liability Company cannot serve as its own Regionother business entity with an active Florida registration.)  The name and the Florida street address of the registered agen	stered Agent. You must designate an individual of	
The Limited Liability Company cannot serve as its own Regionather business entity with an active Florida registration.)  The name and the Florida street address of the registered agen	stered Agent. You must designate an individual of	
The Limited Liability Company cannot serve as its own Regionother business entity with an active Florida registration.)	stered Agent. You must designate an individual or tare:	
The Limited Liability Company cannot serve as its own Region the business entity with an active Florida registration.)  The name and the Florida street address of the registered agen Rodrigo P. Del Castillo	stered Agent. You must designate an individual of t are:	
The Limited Liability Company cannot serve as its own Regionother business entity with an active Florida registration.)  The name and the Florida street address of the registered agen   Rodrigo P. Del Castillo  Nan	stered Agent. You must designate an individual of tare:	

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..

State

City

steled Agent's Signature (REQUIRED)

Zip

(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	Rodrigo P. Del Castillo			

MGR

Redrigo P. Del Castillo
15275 Collier Blvd # 201/269
Naples, FI 34119

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:

(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 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.

Rodrigo P. Del Castillo

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)