

L20000256730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

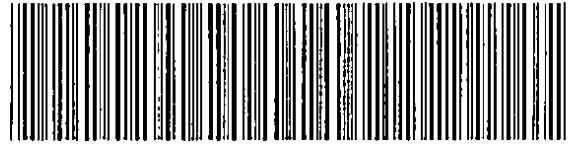
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



700350960677

08/26/20--01001--017 **130.00

FILED
2020 AUG 27 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
2020 AUG 25 PM 5:06

NO. 0111

AUG 6

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 08/25/2020

☐ **CERTIFIED COPY** _____
xx **PHOTOCOPY** _____
xx **CUS** CERTIFICATE OF STATUS _____
xx **FILING** LLC _____

1. SANCHEZ CONSTRUCTION GROUP LLC

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2020

CORPORATE ACCESS

SUBJECT: SANCHEZ CONSTRUCTION GROUP LLC
Ref. Number: W20000095659

Corrected

We have received your document for SANCHEZ CONSTRUCTION GROUP 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):

List the Registered Agents name in Article III.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 720A00016375

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

66 10 11 22 00A 0000

08/27/2020

COVER LETTER

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

SUBJECT: SANCHEZ CONSTRUCTION GROUP 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:

ADA F BRAVO

Name of Person

SANCHEZ CONSTRUCTION GROUP LLC

Firm/Company

200 E 8th Street, Apt. 202

Address

Hialeah FL 33010

City/State and Zip Code

ada@bravoaccounting.com

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

For further information concerning this matter, please call:

Ada F. Bravo at (954) 963-8771

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

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2020 AUG 27 PM 3: 12

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE, FL

SANCHEZ CONSTRUCTION GROUP 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:

200 E 8th Street, Apt. 202
Hialeah FL 33010

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:

Roman Sanchez Sanchez

Name

200 E 8th Street, Apt. 202

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

Hialeah FL 33010

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..

Roman Sanchez Sanchez

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:

AMBR

Roman Sanchez Sanchez
200 E 8th Street, Apt. 202
Hialeah FL 33010

MGR

Roman Sanchez Sanchez
200 E 8th Street, Apt. 202
Hialeah FL 33010

SECRETARY OF STATE
TALLAHASSEE, FL

2020 AUG 27 PM 3:12

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(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.

ANY AND ALL LAWFUL BUSINESS

REQUIRED SIGNATURE:

Roman Sanchez Sanchez

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.

Roman Sanchez Sanchez

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)