

L20000336526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

ified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900343303829

11/02/20--0100E--016 **125.00

2020 NOV -2 PM 2:49
12

2020 NOV -2 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

CAPITAL CONNECTION, INC.

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

GREAT DEALS, LLC

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 _____
Cert. Copy _____
✓ Photo Copy _____
Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
Courier _____

Signature _____

Requested by: BA

10/30/20

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: C&H GREAT DEALS, 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:

ARNOLD M. STRAUS, JR.

Name of Person

STRAUS & ASSOCIATES P.A.

Firm/Company

10081 Pines Blvd., Ste. C

Address

Pembroke Pines, Florida 33024

City/State and Zip Code

sstraus@strauslegal.com

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

For further information concerning this matter, please call:

Arnold M. Straus, Jr. 954 431-2000

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$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 2726 NOV -2 AM 10:50

ARTICLE I - Name:

The name of the Limited Liability Company is:

C&H GREAT DEALS, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

10021 SW 6 STREET

PEMBROKE PINES, FLORIDA 33025

Mailing Address:

10021 SW 6 STREET

PEMBROKE PINES, FLORIDA 33025

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:

Arnold M. Straus, Jr.

Name

10081 Pines Blvd., Ste. C

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

PEMBROKE PINES

Florida

33024

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)

(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

Cindy Munera
10021 SW 6 Street
Pembroke Pines, Florida 33025

MGR

Hernan Munera
10021 SW 6 Street
Pembroke Pines, Florida 33025

(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.

Arnold M. Straws Jr

Typed or printed name of signee

Authorized representative
of Member

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)

SECRETARY OF STATE
TALLAHASSEE, FL

2020 NOV -2 AM 10:50

FILED