

L200000387350

(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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2020 DEC 15 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FL

12/16/20--01061--008 **130.00

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CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

DEC 1

130.

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
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WALK IN

PICK UP: 12/15/2020

<input type="checkbox"/>	CERTIFIED COPY	_____
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xx	CUS	GOOD STANDING
xx	FILING	LLC

- 1. **CAMPBELL DRIVE LAND 2020 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: _____

COVER LETTER

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

SUBJECT: CAMPBELL DRIVE LAND 2020 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

CAMPBELL DRIVE LAND 2020 LLC

Firm/Company

6430 SW 188TH AVE

Address

SOUTHWEST RANCHES FL 33332

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

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The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE, FL

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

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

Mailing Address:

(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:

Name _____

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

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..

Nosbelly Toledo
Registered Agent's Signature (REQUIRED)

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

TOLEDO'S REAL ESTATE AND INVESTMENT GROUP CORP
6430 SW 188TH AVE
SOUTHWEST RANCHES FL 33332

MGR

NOSBELY TOLEDO
6430 SW 188TH AVE
SOUTHWEST RANCHES FL 33332

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TALLAHASSEE, FL

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/01/2021 (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:

Nosbely Toledo

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.

NOSBELY TOLEDO

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)