# 2200019

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
_ PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2020 DEC 30 PH 12: 31



Incorporating Services, Ltd.	1	•	incserv
1540 Glenway Drive		٠,	



Tallahassee, FL 32301 850.656.7956 Fax: 850.656.7953 www.incserv.com e-mail: accounting@incserv.com

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# **ORDER FORM**

TO	Florida Department of S	State	FROM   Melis	sa Stops	
	The Centre of Tallahass		msto	ps@incserv.com	
	2415 North Monroe Stre	eet, Suite 810	850.€	556.7953	
	Tallahassee, FL 32303				
	corphelp@dos.myflorida	a.com			
	850-245-6051 .				
REQUEST	DATE 12/29/2020	PRIORITY_ : Routine		OUR REF_#_(Orde	<b>:r_ID#)</b> ] 880
ORDER EI 1700 MAIN	NTITY I ST LLC				
	ERFORM THE FOLLOW	VING SERVICES:	•••••	]	
New LLC	C filing				
		· · ·	- · · ·	· · · · · · · · ·	
\$125.00 Au Email addr		ninders: gps@dacostarei.	com		
		iniders: gps@ddcostarer.	com		
RETURN/ ACCOUNT	FORWARDING INSTR NUMBER: 120050000052	UCTIONS:			
Please bill	the above referenced ac	count for this order.			2626
If you have	e any questions please o	ontact me at 656-7956,		1111 3*1 14.	DE
				····	
Sincerely				(1) 	2420 DEC 30 PH 12:

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## **ARTICLE I - Name:**

The name of the Limited Liability Company is:

# 1700 Main St 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:	Maning Address.
1883 W ROYAL HUNTE DR STE 200A	1883 W ROYAL HUNTE DR STE 200A
CEDAR CITY UT 84720	CEDAR CITY UT 84720

Mailing Address

#### 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:

 Registered Agent Solutions, Inc.

 Name

 155 Office Plaza Dr., Suite A

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

 Tallahassee
 Florida

 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)

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ARTICLE IV-

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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	CARLY A DACOSTA
MGR	1883 W ROYAL HUNTE DR STE 200A
	CEDAR CITY UT 84720
(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.)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 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.

CARLY A DACOSTA

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 50.00 Certifica copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

