From Vooro Services, LLC



## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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Tc:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845) 425-0077

: (845)818-3588 Fax Number

\*\*Enter the email address for this business entity to be used for fulfure annual report mailings. Enter only one email address please. \*\*

Email Address:

# FLORIDA LIMITED LIABILITY CO.

S Ridgewood LLC

Certificate of Status	0
Certified Copy	U
Page Count	02
Estimated Charge	\$125,00

Electronic Filing Menu

Corporate Filing Menu

Help

· ARTICLESOF	ORGANIZATIONFOR	FLORIDA LIMITEDI	LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liability	v Company is:			
The haine of the Emilieo Claum,	y Company is.			
S Ridgewood LLC		<u>,,, , , , , , , , , , , , , , , , , , </u>		
(Must contr	nin the words "Limited	Liability Company, '	'L.L.C" or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ddress of the principal o	flice of the Limited	Liability Company is:	
Princips	al Office Address:	Mailing Address:		<u>:ss</u> :
607 S Ridgewood Dr	S Ridgewood Dr PO B		30x 207	
Cocoa, Fl. 32926			nan, NY 10982	
(The Limited Liability Company another business entity with an author hame and the Florida street	ective Florida registratio	on.)		
		Name		
	607 S Ridgewood D			
	Florida street addres	ss (P.O. Box <u>NOT</u> ac	eceptables	
	Cocoa	FL	32926	_
	City	State	Zip	2021 **! (
Having been named as registered place designated in this certificate, further agree to comply with the plan familiar with and accept the ol	. I hereby accept the approvisions of all statutes t	ointment as registere wiating to the proper	ed agent and agree to act i and complete performanc	in this capacity. $1 - \infty$ is of my duffes, and $\mathbb{N}$
y				, P

Registered Agent's Signature (REQUIRED)

(CONTINUED)

#### ARTICLE IV-

Page: 3 of 3

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Fract Braun PO Box 207 Tallman, NY 10982
	2997 1000 F
	EB 24 PX
(Use attachment if necessary)	가 된 1 : : : : : : : : : : : : : : : : : : :
the date of filing.)	and cannot be more than five business days prior to or 90 days after e applicable statutory filing requirements, this date will not be listed a
ARTICLEVI: Other provisions, if any.	
REOURED SIGNATURE:	التركيف والمساور
This document is executed in a lam aware that any false infortations a third degree felong	or an authorized representative of a member, accordance with section 605.0203 (1) (b), Florida Statutes, nation submitted in a document to the Department of State y as provided for in s.817.155, F.S.
Taylor Lolya	

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

### **FAX COVER SHEET**

TO		
COMPANY		
FAXNUMBER	18506176383	
FROM	SarahAcevedo	
DATE	2021-02-23 15:23:52 PST	
RE	(((H21000075371 3))) Iz order #544798145	

### **COVER MESSAGE**

Thank you,

Sarah Acevedo Document Specialist

address 9900 Spectrum Drive, Austin, TX 78717

phone (866) 773-0888

email sacevedo@legalzoom.com

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