1210000120888

(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:





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2021 FEB 18 FM 2: 28

COVER LETTER

	New Filing Sect Division of Corp					
SUBJEC		A Stallion, LLC				
SOBJEC		Nam	e of Limi	ited Liabilit	y Company	
The enclo	osed Articles of (Organization and f	ee(s) are	submitted (or filing.	
Please re	turn all correspoi	ndence concerning	this mat	ter to the fo	llowing:	
	Luis A. Cordo	ero				
	****	· ·		Name of I	Person	
				Firm/Con	npany	
				Addre	ss	
	4181 Winding	g Vine Drive				
	Lakeland, FL	33812	Ci	ty/State and	Zip Code	
	E	-mail address: (to	be used f	for future ar	inual report notificat	ion)
For further	r information con	cerning this matte	r, please	call;		
	Mary Long		973 _at (3	545-6743	
	Name	of Person	Ar	ea Code	Daytime Telephon	e Number
Enclosed	l is a check for th	e following amou	nt:			
□\$125.0	00 Filing Fee	□\$130.00 Filing Certificate of St		Certifie	.00 Filing Fee & d Copy l copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		z Address ling Section			Street Address New Filing Section D	ivision

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 26, 2021

LUIS A. CORDERO 4181 WINDING VINE DR LAKELAND, FL 33812

SUBJECT: HOMES LIKE A STALLION, LLC

Ref. Number: W21000007804

We have received your document for HOMES LIKE A STALLION, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

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.

Jessica A Fason Regulatory Specialist II

Letter Number: 121A00001777

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www.sunbiz.org

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")		
CLE II - Address:			
ailing address and street address of the principal office	of the Limited Liability Company is:		
Principal Office Address:	Mailing Address: 4181 Winding Vine Drive		
4181 Winding Vine Drive			
Lakeland, FL 33812	Lakeland, FL 33812		
imited Liability Company cannot serve as its own Regi	gistered Agent's Signature: stered Agent. You must designate an individual o		
imited Liability Company cannot serve as its own Regir business entity with an active Florida registration.)	stered Agent. You must designate an individual o		
imited Liability Company cannot serve as its own Regir business entity with an active Florida registration.)	stered Agent. You must designate an individual o t are:		
Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) ame and the Florida street address of the registered agent Suby Constant Const	t are: UTMAN ne Linding Une Drive		
Nar	t are: UTMAN ne Noting Unic Wilk D. Box NOT acceptable)		

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..

(CONTINUED)

gent's Signature (REQUIRED)

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ARTICLE IV-

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

	Name and Address:	
"AMBR" = Authorized Member	Γ	
"MGR" = Manager		
AMBR	Luis A. Cordero	
	4181 Winding Vine Drive	
	Lakeland, Fl. 33812	
) (CD	Mary Long	
MGR	70 Wall Street	
	Rockaway, NJ 07866	
MGR	Judy Guzman	
	4181 Winding Vine Drive	
	Lakeland FL 33812	
	<u> </u>	
	co	
		•
	P	
(Use attachment if necessary)		
	N	
IF V. Effective date if other than	n the date of filing: (OPTIONAL) ∞	
of filing \	ust be specific and cannot be more than five business days prior to or 90 does not meet the applicable statutory filing requirements, this date will not partment of State's records.	
and the control providence in any.		
PEOURED SIGNATURE:		
REQUIRED SIGNATURE:		_
Signatur	re of a member or an authorized representative of a member.	
Signatur This document	re of a member or an authorized representative of a member.	
Signatur This document	re of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes. It any false information submitted in a document to the Department of State	
Signatur This document	re of a member or an authorized representative of a member.	
Signatur This document I am aware that constitutes a thi	re of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes. It any false information submitted in a document to the Department of State	

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)