

L21000201504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



☒ PICK-UP

☐ WAIT

☐ MAIL

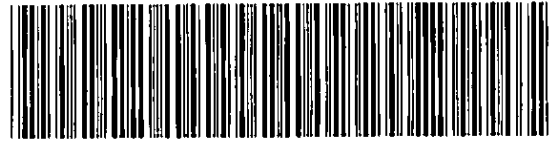
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 MAY -7 AM 10:28

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Handwritten signature and date: 5-10-21

**COVER LETTER**

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

**SUBJECT:** SEÑORITA, 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:

STACY SMALL

Name of Person

SMITH THOMPSON SHAW

Firm/Company

3520 THOMASVILLE ROAD - 4TH FLOOR

Address

TALLAHASSEE, FL 32309

City/State and Zip Code

mccall.lance@gmail.com

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

For further information concerning this matter, please call:

STACY SMALL at ( 850 ) 893-4105  
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 &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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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# ARTICLES OF ORGANIZATION OF SEAÑORITA, LLC

\*\*\*\*\*

The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes (the "Florida Revised Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **NAME.**

The name of the Limited Liability Company is **SEAÑORITA, LLC** (hereinafter referred to as the "Company").

2. **PERIOD OF DURATION.**

The period of duration of the Company shall be perpetual, unless it is dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. **PURPOSE.**

To engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. **MAILING ADDRESS OF BUSINESS.**

The mailing address of the business is **15748 Christopher Lane, Frisco, Texas 75035**. Such address may be changed from time to time as provided in the Operating Agreement.

5. **ADDRESS OF PLACE OF BUSINESS.**

The address of the place of business is **780 East Pine Avenue, Eastpoint, Florida 32328**. Such address may be changed from time to time as provided in the Operating Agreement.

6. **REGISTERED AGENT.**

The initial registered agent in Florida for the Company is: **Smith, Thompson, Shaw, Colón & Power, P.A., c/o Susan S. Thompson**, and the initial, registered office is located at **3520 Thomasville Road, 4th Floor, Tallahassee, Florida 32309**.

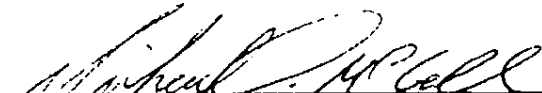

7. **MANAGEMENT.**

The names and addresses of the persons authorized to manage and control the Limited Liability Company are as follows:

**Michael Lance McCall**  
**15748 Christopher Lane**  
**Frisco, Texas 75035**

**Devon West McCall**  
**15748 Christopher Lane**  
**Frisco, Texas 75035**

**EXECUTED** at Frisco, Texas this 6<sup>th</sup> day of May, 2021.

  
\_\_\_\_\_  
**MICHAEL LANCE MCCALL**  
  
\_\_\_\_\_  
**DEVON WEST MCCALL**

2021 MAY -7 AM 10:26  
FILE

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.**

Pursuant to the provisions of Section 605 Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is **SEAÑORITA, LLC.**
2. The name of the registered agent and office address is: **Smith, Thompson, Shaw, Colón & Power, P.A., c/o Susan S. Thompson, 3520 Thomasville Road, 4 Floor, Tallahassee, Florida 32309.**

**ACKNOWLEDGEMENT**

Having been named to accept service of process for the above limited liability company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.

Dated May 6, 2021.

**SMITH, THOMPSON, SHAW, COLÓN &  
POWER, P.A.**

By: 

Susan S. Thompson

2021 MAY -7 AM 10:25