

L21000329421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

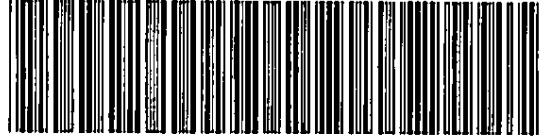
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500369830755

07/16/21--01014--026 \*\*160.00

*P*  
7/20/21

FILED  
2021 JUL 16 AM 6:13  
SECRETARY OF STATE  
TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section  
Division of Corporations


SUBJECT: VIVELA 1203 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:

MARIA LUISA REY CALDERON

Name of Person



Firm/Company

UNIT 1203, OF CHAMPIONSGATE CONDOMINIUM No.2, LOCATED AT 1143 CHALLENGE

Address

OSCEOLA COUNTY / FLORIDA 33896

City/State and Zip Code

vivela1203@gmail.com

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

For further information concerning this matter, please call:

MARIA LUISA REY CALDERON 57 3156498371  
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

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 JUL 16 AM 6:13

FILED

Go gle Translate



ENGLISH

SPANISH

Tallahassee Corporation Division

I sent Cr2E047 to legalize the beginning of an association named Vivela 1203 LLC in the name of the person Maria Luisa Rey Calderon, with the address that appears in said format

As an accountant, I send him check 186 and the payment registered in said article for the value of \$ 160 dollars.

my credentials are: Reinaldo Garcia

6920 nw 177 street unit q-100 hialeah fl 33015

Accounting & tax preparer

Efin 606261 PTIN P01339968

EIN 46-4664636 phone 3055122898 fax 7863346168

NSA member, IRS AA Agent, Notary Public

They can transmit if something I should add to the Email alfabetizar8@gmail.com

Notwithstanding the main and official email reference vivela1203@gmail.com when you want to inform

I leave chapter V for your analysis

Thank you

Reinaldo Garcia



788 / 5000

**Reinaldo Garcia**

Translation error

**PTIN AGENTE AA IRS  
00608261****305 512 2898  
786 334 6168  
46 466 4636 PO 133 9968****FILED**  
2021 JUL 16 AM 6:13  
SECRETARY OF STATE  
TALLAHASSEE, FL[Sign feedback](#)

History



Saved



Contribute



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VIVELA 1203 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:

Mailing Address:

UNIT 1203, OF CHAMPIONSGATE CONDOMINIUM

4775 TRIBUTE TRAIL, KISSIMMEE, FL

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:

MARIA LUISA REY CALDERON

Name

UNIT 1203, OF CHAMPIONSGATE CONDOMINIUM No. 2

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

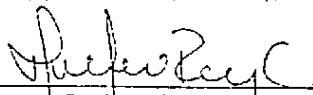
OSCEOLA / FLORIDA 33896

City

State

Zip

*I, 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 as such agent. 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 Chapters 605, 606, 607, 608,*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

2021 JUL 16 AM 6:13

SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE IV-**

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

**Title:**

"AMB3R" = Authorized Member

"MGR" = Manager

**Name and Address:**

MARIA LUISA REY CALDERON  
UNIT 1203, OF CHAMPIONSGATE CONDOMINIUM No.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)

**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:**

\_\_\_\_\_  
**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.

\_\_\_\_\_  
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)

**FILED**  
**2021 JUL 16 AM 6:13**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL**