

07/26/2021 11:00 35821079 CANALES ASSOCIATES PAGE 02
7/19/2021 Division of Corporations

L21000338920

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CANALES & ASSOCIATES ACCOUNTING INC
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Phone : (305)821-1076
Fax Number : (305)821-1079

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FLORIDA LIMITED LIABILITY CO.
BARACOA PALMS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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PAGE 01

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7/28/2021 10:45:36 AM PAGE 1/001 Fax Server



July 26, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CANALES & ASSOCIATES ACCOUNTING INC

SUBJECT: BARACOA PALMS LLC
REF: W21000104986

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and re-fax the complete document, including the electronic filing cover sheet.

The fax audit sheet is missing from the rest of the document. Please re-fax the complete document to us so that we can process your request.

If you have any further questions concerning your document, please call (850) 245-6052.

Matthew T Moon FAX Aud. #: H21000275271
Regulatory Specialist II Supervisor Letter Number: 821A00017374
New Filing Section

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: BARACOA PALMS, 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:

SANDRA J GONZALEZ

Name of Person

BARACOA PALMS, LLC

Firm/Company

7200 JACARANDA LN

Address

MIAMI LAKES, FL. 33014

City/State and Zip Code

sandrag73@mc.com

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

For further information concerning this matter, please call:

Marta Feria

305

821-1076

at (_____) _____

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

BARACOA PALMS, 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:

7200 JACARANDA LANE

MIAMI LAKES, FL. 330014

Mailing Address:

7200 JACARANDA LANE

MIAMI LAKES, FL. 33014

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:

SANDRA J GONZALEZ

Name

7200 JACARANDA LN

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

MIAMI LAKES

FL

33014

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

THE ROBERTO C GONZALEZ REVOCABLE TRUST
7200 JACARANDA LN
MIAMI LAKES, FL. 33014

MGR

SANDRA J GONZALEZ
7200 JACARANDA LN
MIAMI LAKES, FL. 33014

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 07/12/2021 (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:

(X) Roberto C. Gonzalez
 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.

(X) Roberto C Gonzalez
 Typed or printed name of signer

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)