

L21000353854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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

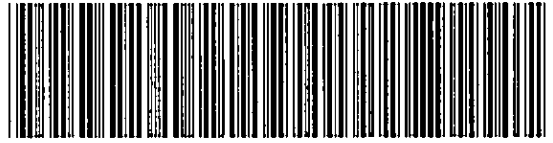
Special Instructions to Filing Officer:

Office Use Only

*Vl21000353854*

AUG 06 2021

T. SCOTT



700367428917

06/15/21--01:01:09 \*\*\*199.00

2021 AUG -5 AM 11:39  
FBI - BOSTON  
FBI - BOSTON

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Juan Estelle LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing

Please return all correspondence concerning this matter to the following

Juan Estelle Colon  
Name of Person

Juan Estelle LLC  
Firm Company

1317 Eggewater Drive Ste 920  
Address

Fla & FL 32804  
City, State, and Zip Code

JuanEstelleLLC@gmail.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call

Juan Colon at 407 665-3600  
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:

Jung Estelle 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:

1317 Edgewater Drive Ste 920  
Orlando, FL 32804

Mailing Address:

1317 Edgewater Drive Ste 920  
Orlando, FL 32804

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:

Randy Milliken

Name

1317 Edgewater Dr

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

Orlando

FL

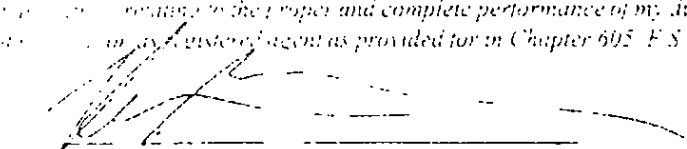
City

State

32804

Zip

I, the undersigned, do hereby consent to be the registered agent for the above stated limited liability company at the address stated above and agree to act in this capacity. I warrant that I am a resident of the State of Florida and I warrant that I am qualified to perform the duties and complete performance of my duties and I warrant that I am a resident of the State of Florida as provided for in Chapter 605, F.S.

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 AUG -5 PM 11:39  
STATE OF FLORIDA  
SUNSHINE STATE

**ARTICLE IV:**

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

Title:

Name and Address:

"MEMBER" - Authorized Member

MEMBER - Member

MEMBER

Juanas Colon 232 Clements Ct  
Orlando FL, 32828

MEMBER

SHAWN D. DIAS 946 Chamberlin Trail  
St. Cloud FL 34772

MEMBER

SHAWN E DIAS 208 Silverglen Lane  
Altamonte Springs, FL 32714

Use brackets where necessary

ARTICLE V: The effective date of this document is 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 section 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 of law

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

The signatory must be a resident of the jurisdiction of this section 900.01(3)(1)(b), Florida Statutes. Liability for the accuracy of the information submitted in a document to the Department of State is established by statute and is provided for in s 917.188, F.S.

Signature of member

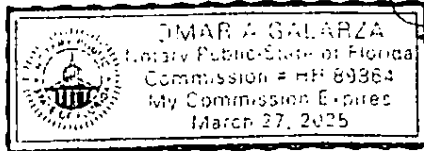
Typed or printed name of signee

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)



Signature of Notary Public

NOTARY PUBLIC

8/05/2021