

8/27/2021

Division of Corporations

L21000322389
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
7868

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

From: Account Name : TAX CARE DORAL
Account Number : I20190000008
Phone : (786)845-8854
Fax Number : (321)473-3052

J. Torres
SECRETARY OF STATE
TALLAHASSEE, FL
2021 AUG 30 AM 12:37

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Jessica.torres@taxcareinc.com

2021 AUG 30 AM 8:46

**FLORIDA LIMITED LIABILITY CO.
DEVOLCA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

COVER LETTER

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

SUBJECT: DEVOLCA 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:

JESSICA TORRES
Name of Person

TAX CARE DORAL
Firm/Company

1400 NW 107TH AVE STE 203
Address

SWEETWATER FL 33172
City/State and Zip Code

JESSICA.TORRES@TAXCAREINC.COM
E-mail address: (to be used for future annual report notification)

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 2021 AUG 30 AM 12:37
 SECRETARY OF STATE
 TALLAHASSEE, FL.

For further information concerning this matter, please call:

JESSICA TORRES 786 845-8854
 Name of Person at () 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:

DEVOLCA 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:

1500 NE MIAMI PLACE APT 2812
MIAMI FL 33132

1500 NE MIAMI PLACE APT 2812
MIAMI FL 33132

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.)

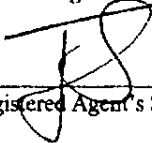
The name and the Florida street address of the registered agent are:

JOSE GREGORIO SEQUERA
Name

1500 NE MIAMI PLACE APT 2812
Florida street address (P.O. Box **NOT** acceptable)

MIAMI FL 33132
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)

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TALLAHASSEE, FL
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