

L21000399645

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 : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

2021 SEP 8 PM 3:32

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

Email Address: _____

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FLORIDA LIMITED LIABILITY CO.
630 South Sapodilla LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

***PLEASE PROVIDE THE
ORIGINAL SUBMISSION
DATE OF 9/8/21***

2021 SEP -8 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: 630 South Sapodilla 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:

Ernesto Arroyo Lopez

Name of Person

Firm/Company

630 S Sapodilla Ave #406

Address

West Palm Beach, FL 33401

City/State and Zip Code

ernestoandgloria1@gmail.com

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

For further information concerning this matter, please call:

Ernesto Arroyo Lopez

787

510-9885

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:

630 South Sapodilla 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:630 S Sapodilla Ave #406
West Palm Beach, FL 33401**Mailing Address:**630 S Sapodilla Ave #406
West Palm Beach, FL 33401**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:

Ernesto Arroyo Lopez

Name

630 S Sapodilla Ave #406Florida street address (P.O. Box **NOT** acceptable)West Palm BeachFL33401

City

State

Zip

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TALLAHASSEE, FL

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..

DocuSigned by:

Ernesto Arroyo Lopez

0000500027051128

Registered Agent's Signature (REQUIRED)

(CONTINUED)

DocuSign Envelope ID: 77805595-6841-4809-A6AF-7762258FBEE8

H21000333942 3

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:MGRErnesto Arroyo Lopez
630 S Sapodilla Ave #406
West Palm Beach, FL 33401

(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:

DocuSigned by:

Ernesto Arroyo Lopez**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.Ernesto Arroyo Lopez

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)**