

# L21000401702

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

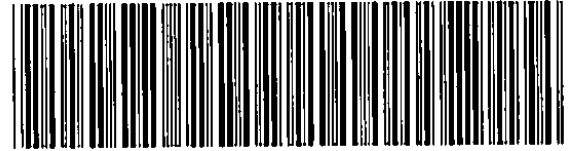
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TALLAHASSEE, FL

09/10/21--01006--023 \*\*125

2021 SEP 10 PM 2:43  
TALLAHASSEE, FL

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ONTARIO 7474 LLC

Signature \_\_\_\_\_

Requested by: SETH

09/08/21

Name

Date

Time

Walk-In

Will Pick Up

- \_\_\_\_\_ Art of Inc. File \_\_\_\_\_
- \_\_\_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_\_\_ Foreign Corp. File \_\_\_\_\_
- \_\_\_\_\_ L.C. File \_\_\_\_\_
- \_\_\_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_\_\_ Merger File \_\_\_\_\_
- \_\_\_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- \_\_\_\_\_ Cert. Copy \_\_\_\_\_
- \_\_\_\_\_ Photo Copy \_\_\_\_\_
- \_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_\_\_ Officer Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_\_\_ Driving Record \_\_\_\_\_
- \_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_\_\_ Courier \_\_\_\_\_

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**

**Name**

The name of the Limited Liability Company is:

ONTARIO 7474 LLC

**ARTICLE II**

**Address**

The mailing and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

393 SW 159 Lane  
Pembroke Pines, FL 33027

**Mailing Address:**

393 SW 159 Lane  
Pembroke Pines, FL 33027

**ARTICLE III**

**Registered Agent, Registered Office & Registered Agent's Signature**

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

Ira R. Shapiro  
16375 NE 18<sup>th</sup> Avenue, Suite 225  
North Miami Beach, FL 33162

*Having been named as Registered Agent and to accept service of process for the above stated Limited Liability Company at place designated in this Certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, as am familiar with and accept the obligations of my position as Registered Agent as provided for in Chapter 605, F.S.*

  
Ira R. Shapiro, Registered Agent

2021 SEP 10 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE IV**  
**Management**

The Limited Liability Company is to be managed by one or more managers, and is therefor manager - managed company.

**ARTICLE V**  
**Persons Authorized to Manage and Control**

The name and address of each person authorized to manage and control the Limited Liabi Company are as follows:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

Mario M. Pena  
393 SW 159 Lane  
Pembroke Pines, FL 33027

MGR

Rossanna Pena  
393 SW 159 Lane  
Pembroke Pines, FL 33027

MGR

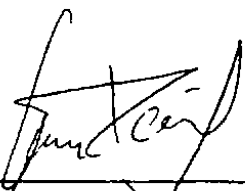
Martin Pena  
393 SW 159 Lane  
Pembroke Pines, FL 33027

MGR

Nicolas Pena  
393 SW 159 Lane  
Pembroke Pines, FL 33027

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TALLAHASSEE, FL

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\_\_\_\_\_  
Mario M. Pena, MGR

*(In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation u the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a docume the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)*