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## Florida Department of State

Division of Corporations
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To:

Division of Corporations

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From:

Account Name : CLARA GIRALDO ENROLLED AGENT

Account Number : I19990000017 Phone : (305)485-9300 Fax Number : (305)485-1098

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

Email Address:

# FLORIDA LIMITED LIABILITY CO. RECPOST, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

CT IS AMIB: 33

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

### RECPOST, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

RECPOST, LLC.

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

3209 69<sup>TH</sup> ST W BRADENTON, FL. 34209

The mailing address shall be:

3209 69<sup>TH</sup> ST W BRADENTON, FL. 34209

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

#### **SEBASTIAN ABADIA**

3209 69<sup>TH</sup> ST W
Florida Street address (P.O.BOX NOT acceptable)
BRADENTON, FL. 34209
City, State, and Zip

2021 OCT 15 AM 19: 33

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**

#### **ARTICLE IV- MANAGEMENT**

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

SEBASTIAN ABADIA 3209 69<sup>TH</sup> ST W BRADENTON, FL. 34209

AMBR

LEONARDO DUQUE 3209 69<sup>TH</sup> ST W BRADENTON, FL. 34209

MANAGER

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

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SEBASTIAN ABADIA

Typed or printed name of signee