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

From:  
Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : I20180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

**\*\*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.  
89 RIDGE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Date: January 5, 2022

### ARTICLE I – NAME:

The name of the Limited Liability Company is:

**89 RIDGE, LLC**

### ARTICLE II – ADDRESS:

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

**9710 EAST INDIGO STREET STE. 201  
PALMETTO BAY, FL 33157**

### ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

**RAFAEL E LOPEZ**

Name

**9710 EAST INDIGO STREET STE. 201**

Florida Street Address

**PALMETTO BAY, FL 33157**

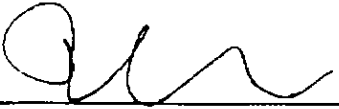
City, State, and Zip

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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 605.0203 (1) (b).

x   
\_\_\_\_\_  
Registered Agent's Signature  
RAFAEL E LOPEZ

#### ARTICLE IV – MANAGEMENT

The Limited Liability Company is to be considered a single member LLC and is therefore a SINGLE MEMBER LLC company with single manager. The NAME and ADDRESS of initial MANAGER/MEMBER are as follows:

Title  
Authorized Member

Name and Address:  
RAFAEL E LOPEZ  
9710 EAST INDIGO STREET STE. 201  
PALMETTO BAY, FL 33157

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### **ARTICLE V BUSINESS DEDUCTIONS**

Per IRS regulations the corporation may pay and deduct the health insurance and medical expenses of its directors and employees. Additionally, business auto expenses may be reimbursed to directors and employees and thus deducted from current operations.

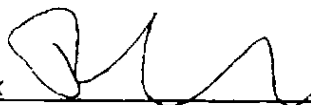
### **ARTICLE VI – EFFECTIVE DATE**

The effective date of the Limited Liability Company shall be: JANUARY 10, 2022.

x 

Signature of 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.

x 

**RAFAEL E LOPEZ**

Member/Manager of LLC

January 5, 2022

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