22000029425

	(Requestor's Name)	 -
	(Address)	
	ZA data in in in	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	

Office Use Only



800380392878

2022 JAN 26 AM 11:01 SECRETARY OF STATE

FILED

100/20

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

1/26/22

NAME: LA FLAMA CAPITAL, LLC

TYPE OF FILING: ARTICLES

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	w Filing Sec vision of Co					
SUBJECT:		Capital, LLC				
SUBJECT:	·	Nam	e of Lim	ited Liabil	ity Company	
The enclose	d Articles of	Organization and f	be(s) are	submitted	for filing.	
Please retur	n all correspo	ondence concerning	this mat	tter to the	following:	
	Paul Gionis					
	 :	<u> </u>		Name of	Person	
	Gionis, Lilly	& Romero, PLLC				
		<u>-</u>		Firm/Co	mpany	
	1299 Main S	Street, Ste C				
	-,· ·			Addr	c 38	
	Dunedin, FL	. 34698				
F	gionis@gion	uslilly.com	Cia	ty/State an	d Zip Code	
<u>-</u>	1	E-mail address: (to)	be used f	for future a	unual report notificat	ion)
For further in	formation co	ncerning this matter	r, please	call:		
	Paul Gionis		727 at (534-0854	
•	Nam	e of Person		ea Code	Daytime Telephon	e Number
Enclosed is	a check for t	he following amoun	ıt:			
₩\$125,00	Filing Fee	□\$130.00 Filing Certificate of Sta	Fec &	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailin	o Address			Street Address	

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2022 JAN 26 AM 11: 02

ARTICLE I - Name:

The name of the Limited Liability Company is:

La Flama Capital, LLC

SECRETARY OF STATE TALLAHASSEE, FL

ng address and street addre	as of the principal of	nee of the Linne	o isability company is.
<u>Principal C</u>	Office Address:		Mailing Address:
217 N. Howard Avenue		21	N. Howard Avenue
Ste 200		Ste	200
Tampa, FL 33606		Ta	npa, FL 33606
	nnot serve as its own l ve Florida registration	1.)	
ited Liability Company car pusiness entity with an active and the Florida street add	nnot serve as its own live Florida registration ress of the registered	Registered Agent. agent are:	You must designate an individual
ited Liability Company car pusiness entity with an active and the Florida street add	nnot serve as its own l ve Florida registration	Registered Agent. agent are:	
ited Liability Company car ousiness entity with an active and the Florida street add	mot serve as its own live Florida registration ress of the registered Gionis, Lilly & Rome	Registered Agent 1.) agent are: ro, PLLC Name	
ited Liability Company car ousiness entity with an active e and the Florida street add	nnot serve as its own live Florida registration ress of the registered	Registered Agent 1.) agent are: ro, PLLC Name	You must designate an individual
ited Liability Company car ousiness entity with an active e and the Florida street add	not serve as its own live Florida registration ress of the registered Gionis, Lilly & Rome	Registered Agent 1.) agent are: ro, PLLC Name	You must designate an individual

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 a pignature (KEQOIKE

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGR	Kuder, Joshua	
4.404	217 N. Howard Avenue, Ste 200	
	Tampa, FL 33606	
	つ 回、 ・ ・ ・ ・ ・ ・ ・	
	30	
	TALLAHAS	
	\sim \sim	
	<i>Q</i>	
(Use attachment if necessary) LE V: Effective date, if other than the date	TT	
CLEV: Effective date, if other than the date frective date is listed, the date must be a se of filling.)	ate of filing:	

Filing Feet:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-