

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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10:

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

Q3 Prod 72

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.
BUENA VIDA LLC**

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

2022-03-29 11:10:30

ED
200

2022 MAY 29 AM 8:36
electronic COMMUNICATIONS
COMMERCIAL SERVICES

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Corporate Filing Menu

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850-617-6381

3/28/2022 3:11:37 PM PAGE 1/001 Fax Server



March 28, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CAPITOL SERVICES, INC.

SUBJECT: BUENA VIDA LLC
REF: W22000039710***PLEASE PROVIDE
THE ORIGINAL
SUBMISSION DATE
OF 3/24/22***

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and resubmit the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

L19000172793-BUENA VIDA LIMITED LIABILITY COMPANY,

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: H22000111034
Letter Number: 622A00007159

P.O. BOX 6327 - Tallahassee, Florida 32314

20220329 11:03:30

DocuSign Envelope ID: 367B5004-66DD-4862-89A4-05FC883EA099

COVER LETTER

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

SUBJECT: Vida Buena 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:

Domingos Barroso

Name of Person

Firm/Company

Address

913 Montego Drive, West Palm Beach, FL
33415

City/State and Zip Code
DMB1977@yahoo.com

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

For further information concerning this matter, please call:

Domingos Barroso

at (772)

3331967

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

2022-03-29 04:16:09

DocuSign Envelope ID: 357B5004-66DD-4862-89A4-05FC883EA099

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Vida Buena 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:913 Montego Drive
West Palm Beach, FL 33415Mailing Address:913 Montego Drive
West Palm Beach, FL 33415**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:

Domingos Barroso

Name
913 Montego Drive,Florida street address (P.O. Box NOT acceptable)

West Palm FL 33415

City State Zip

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..

Domingos Barroso

Domingos Barroso
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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08:00:00

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company.

Title:

"AMBR" = Authorized Member
"MGR" = Manager
MGR

Name and Address:

Domingos Barroso

913 Montego Drive
West Palm Bch, FL 33415

(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:

Domingos Barroso

D00050076344ADD...

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.

Domingos Barroso

Typed or printed name of signee

Filing Fee:

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

2022 APR 29 AM 10:27