

L22000152476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

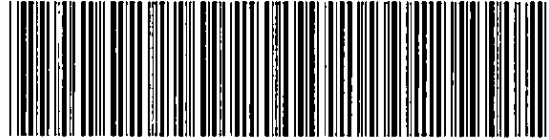
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 APR -6 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2022 APR -6 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: 4/6/2022

NAME: SVN ART LLC

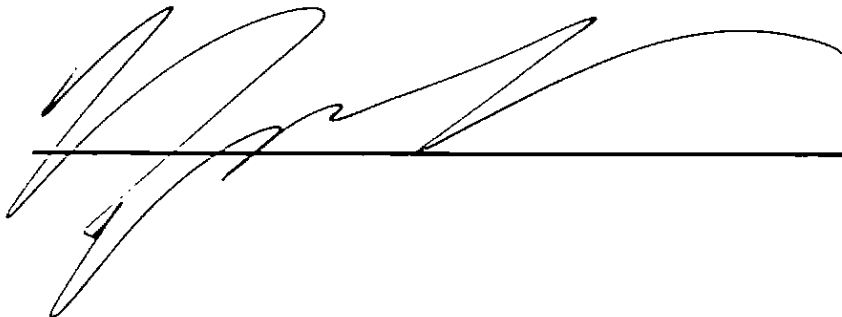
TYPE OF FILING: ARTICLES

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE





FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 8, 2022

FLORIDA FILING

SUBJECT: SVN ART, LLC
Ref. Number: W22000046870

2022 APR 12 PM 1:50

We have received your document for SVN ART, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Typo the Registered Agents name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Neysa Culligan
Regulatory Specialist III

Letter Number: 222A00008197

Please keep original file date

Thank you!

COVER LETTER

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

SUBJECT: SVN ART, 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:

BRANDON MARTIN ABEL QUEVEDO

Name of Person

Firm/Company

1835 NW 112TH AVE #184

Address

SWEETWATER, FL 33172

City/State and Zip Code

daniel@sariolinmigracion.com

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

For further information concerning this matter, please call:

FRANK R. SARIOL

305

515 8335

at (_____) _____

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

SVN ART, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

2022 APR -6 PM 4: 34

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II - Address:

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

Principal Office Address:

1835 NW 112TH AVE #184
SWEETWATER, FL 33172

Mailing Address:

1835 NW 112TH AVE #184
SWEETWATER, FL 33172

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:

SARIOL BUSINESS GROUP, LLC

Name

8200 NW 41ST STREET, SUITE 315

Florida street address (P.O. Box **NOT** acceptable)

DORAL

City

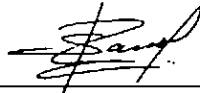
FLORIDA

State

33166

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR _____

BRANDON MARTIN ABEL QUEVEDO

1835 NW 112TH AVE #184

SWEETWATER, FL 33172

MGR _____

FACUNDO MANUEL MILLER

1835 NW 112TH AVE #184

SWEETWATER, FL 33172

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

(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:



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.

BRANDON MARTIN ABEL QUEVEDO

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)