

4/12/22, 10:11 AM

**L22000152835**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000132326 3)))



H220001323263ABCV

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

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

From: Account Name : TPBS CORP  
Account Number : I20190000112  
Phone : (786)389-2779  
Fax Number : (305)356-3688

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

Email Address: \_\_\_\_\_

CLERK OF COURT  
TALLAHASSEE, FLORIDA

2022 APR 12 AM 9:07

FILED

RECEIVED

2022 APR 12 PM 12:49

DIVISION OF CORPORATIONS  
COMMERCIAL SERVICES

**FLORIDA LIMITED LIABILITY CO.  
NEW OLD HOUSE LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu

Help

H220001323263

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NEW OLD HOUSE 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:

796 HICKORY LAKES DR E  
JACKSONVILLE, FL 32225

Mailing Address:

796 HICKORY LAKES DR E  
JACKSONVILLE, FL 32225

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:

YOMAR CHACON

Name

796 HICKORY LAKES DR E

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

JACKSONVILLE      FL      32225  
City                      State                      Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 APR 12 AM 9:07

FILED

*I 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)

H220001323263

H220001323263

**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

YOMAR CHACON  
796 HICKORY LAKES DR E  
JACKSONVILLE, FL 32225

MGR

MARCIA DUQUE  
796 HICKORY LAKES DR E  
JACKSONVILLE, FL 32225

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2022 APR 12 AM 9:07

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.

YOMAR CHACON  
\_\_\_\_\_  
Typed or printed name of signee

H220001323263