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.

(((H22000122048 3)))



H220001220483ABCV

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 : MARIA XIMENA MARTINEZ

Account Number : I20220000054 Phone : (786)571-4129 Fax Number : (786)590-1744

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

Fmail	Address:				

# FLORIDA LIMITED LIABILITY CO. THE TOWERS INVESTMENTS LLC

Certificate of Status 0 Certified Copy 10 Page Count \$125.00 Estimated Charge

Electronic Filing Menu

Corporate Filing Menu

Help



April 4, 2022

# FLORIDA DEPARTMENT OF STATE Division of Corporations

MARIA XIMENA MARTINEZ

SUBJECT: THE TOWERS INVESTMENTS LLC

REF: W22000044282

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax 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.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L16000113125.

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.

Tammi Cline FAX Aud. #: H22000122048

Regulatory Specialist II Supervisor Letter Number: 422A00007832



#### **COVER LETTER**

TO:	New Filing Section Division of Corporations
CIIDI	REAL TOWERS INVESTMENTS LLC
SUBJI	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	MARIANGELY TORRES ESTEVEZ
	Name of Person
	REAL TOWERS INVESTMENTS LLC
	Firm/Company
	5230 COUNSELOR DR. APT 202
	Address
	ZEPHYRHILLS FL 33541
	City/State and Zip Code
	INFO@MODERNSOLUTIONSGROUP.NET
	E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
	MARIANGELY TORRES 813 368-8908
	Name of Person Area Code Daytime Telephone Number
Enclos	sed is a check for the following amount:
<b>]\$</b> 125.	00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee. Certified Copy (additional copy is enclosed)} \text{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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

REAL TOWERS IN			
(Must cont	ain the words "Limited L	iability Company, '	L.L.C.," or "LLC.")
ARTICLE II - Address:			
he mailing address and street a	ddress of the principal of	fice of the Limited	Liability Company is:
Princip	al Office Address:		Mailing Address:
5230 COUNSELOR	DR. APT 202	5230	COUNSELOR DR. APT 202
The Limited Liability Company	ent, Registered Office, &	k Registered Agen	HYRHILLS, FL 33541  1's Signature: You must designate an individua
ARTICLE III - Registered Age The Limited Liability Company another business entity with an a	ent, Registered Office, & cannot serve as its own I active Florida registration	& Registered Agent. N	ıt's Signature:
ARTICLE III - Registered Age The Limited Liability Company another business entity with an a	ent, Registered Office, & cannot serve as its own I active Florida registration	& Registered Agent. Name of the Registered Agent. Name of the Registered Agent. Name of the Registered Agent are:	ıt's Signature:
ARTICLE III - Registered Age The Limited Liability Company	ent, Registered Office, & cannot serve as its own I active Florida registration address of the registered	& Registered Agent. Name of the Registered Agent. Name of the Registered Agent. Name of the Registered Agent are:	ıt's Signature:
ARTICLE III - Registered Age The Limited Liability Company another business entity with an a	ent, Registered Office, & cannot serve as its own I active Florida registration address of the registered	Registered Agent. Name	ıt's Signature:
ARTICLE III - Registered Age The Limited Liability Company another business entity with an a	ent, Registered Office, & cannot serve as its own I active Florida registration address of the registered MARIA XIMENA M	Registered Agent. Name  REGISTER AGENT. Name  BLVD. #1282	it's Signature: You must designate an individu
ARTICLE III - Registered Age The Limited Liability Company another business entity with an a	ent, Registered Office, & cannot serve as its own I active Florida registration address of the registered MARIA XIMENA M	Registered Agent. Name  REGISTER AGENT. Name  BLVD. #1282	it's Signature: You must designate an individu

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)



Title:		Name and Address:	
"AMBR" = A	uthorized Member		
"MGR" = Ma	nager		
AMBR		MARIANGELY, TORRES ESTEVEZ	
		5230 COUNSELOR DR. APT 202	
		ZEPHYRHILLS, FL 33541	
AMBR		ANGEL M. TORRES GONZALEZ	
	<del></del>	5230 COUNSELOR DR. APT 202	
		ZEPHYRHILLS, FL 33541	
-			
	<del></del>		
LEV: Effectiv	ent if necessary) e date, if other than the date of fi	iling: (OPTIONAL)	) davs
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CLE V: Effective effective date is the of filing.)  If the date insert cument's effection of the Lingary may be organized.	e date, if other than the date of filisted, the date must be specificated in this block does not meet we date on the Department of Strovisions, if any, mitted Liability Company is to emized in the state of Florida  SIGNATURE:  MARIA  Signature of a member This document is executed if I am aware that any false infeconstitutes a third degree feloristication.	the applicable statutory filing requirements, this date will no tate's records.  Ingage in any lawful activity for which a Limited Liability  NGELY TORRES ESTEVEZ  er or an authorized representative of a member. In accordance with section 605,0203 (1) (b), Florida Statutes.  formation submitted in a document to the Department of State	t be lis

## 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)

ARTICLE IV-

