

4/14/22, 11:20 AM

Division of Corporations

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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.

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

From: Account Name : EXPRESS CORPORATE FILING SERVICE INC. Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

DEPARTMENT OF STATE DIVISION OF CORPORATIONS AND BUSINESS SERVICES FLORIDA

2021 APR 14 AM 5:32

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

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

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RECEIVED 2022 APR 14 PM 1:02 CORPORATION COMMERCIAL SERVICES

FLORIDA LIMITED LIABILITY CO. 941 MANAGEMENT LLC.

Table with 2 columns: Item and Value. Rows include Certificate of Status (0), Certified Copy (1), Page Count (03), and Estimated Charge (\$155.00).

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

941 MANAGEMENT LLC.

(Must end with 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:

Mailing Address:

4502 BEDFORD CT. E  
BRADENTON, FL. 34203

SAME

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:

Henry Garcia

Name

4502 BEDFORD CT. E

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

BRADENTON FL 34203

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE OF FLORIDA  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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ARTICLE IV-

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>AMBR</u>	<u>HENRY GARCIA</u>
	<u>4502 BEDFORD CT E.</u>
	<u>BRADENTON, FL. 34203</u>
<u>AMBR</u>	<u>AIDA GARCIA</u>
	<u>4502 BEDFORD CT E.</u>
	<u>BRADENTON, FL. 34203</u>

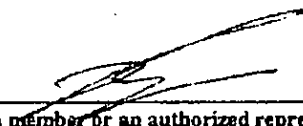
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 04/13/2022 (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.  
None

**REQUIRED SIGNATURE:**



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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.

Henry Garcia  
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)

ATTACHMENT OF STATE  
 DEPARTMENT OF REVENUE  
 100 SOUTH AMHARSTEN FLORIDA  
 2021 APR 14 AM 5:32  
**FILED**