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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : TAX CARE CELEBRATION
Account Number : I20190000007
Phone : (786)845-8854
Fax Number : (321)473-3052

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

Email Address: Jessica.torres@taxcareinc.com

FLORIDA LIMITED LIABILITY CO.
SETIVENCES 64 LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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2022 APR 20 PM 1:55

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SETIVENCES 64 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:

JESSICA TORRES
Name of Person

TAX CARE CELEBRATION
Firm/Company

1400 NW 107TH AVE STE 203
Address

SWEETWATER FL 33172
City/State and Zip Code

JESSICA.TORRES@TAXCAREINC.COM
E-mail address: (to be used for future annual report notification)

REC'D TAX DIV STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

JESSICA TORRES at (786) 845-8854
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

ARTICLE I - Name:

The name of the Limited Liability Company is:

SETIVENCES 64 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:

Mailing Address:

831 NW 132ND CT
MIAMI FL 33182

831 NW 132ND CT
MIAMI FL 33182

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:

FRANCISCO ILIDIO ORFAO MENDES

Name

831 NW 132ND ST

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

MIAMI

FL

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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TALLAHASSEE, FLORIDA

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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

Name and Address:

MGRM

ORFAO MENDES, FRANCISCO ILIDIO
831 NW 132ND CT.
MIAMI FL 33182

MGRM

ABREU GONCALVES, ELIZABETH
831 NW 132ND CT.
MIAMI FL 33182

MGR

ORFAO ABREU, ROBERT ANDRES
831 NW 132ND CT.
MIAMI FL 33182

MGR

ORFAO ABREU, RICHARD ALEXANDER
831 NW 132ND CT.
MIAMI FL 33182

(Use attachment if necessary)

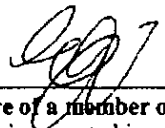
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

ELIZABETH ABREU GONCALVES
Typed or printed name of signee

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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)