

L22000188521

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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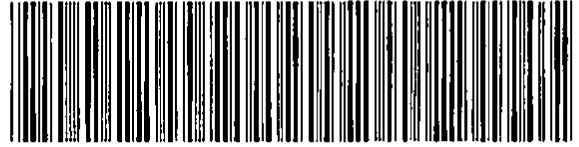
(Business Entity Name)

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**FILED**  
2022 MAY -5 AM 11:46  
SECRETARY OF STATE  
TALLAHASSEE, FL

**RECEIVED**  
2022 MAY -5 PM 1:58  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**FLORIDA FILING & SEARCH SERVICES, INC.**

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**DATE: 05/05/22**

**NAME: CORROTEK SERVICES, LLC**

**TYPE OF FILING: ARTICLES**

**COST: 160.00**

**RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*A Hodge*

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## COVER LETTER

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

**SUBJECT:** CORROTEK SERVICES, 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:

RODRIGO ANDRES LOPEZ GUZMAN

Name of Person

Firm/Company

8200 NW 41ST STREET, SUITE 315

Address

DORAL, FL 33166

City/State and Zip Code

NATHALY@SARIOLINMIGRACION.COM

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

For further information concerning this matter, please call:

OSCAR G BETANCOURT      305      515 8335  
Name of Person      at (      )      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:

CORROTEK SERVICES, 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:

1820 E FIRST ST, SUITE 200  
SANTA ANA, CA 92705

Mailing Address:

1820 E FIRST ST, SUITE 200  
SANTA ANA, CA 92705

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

FL

33166

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)

AB  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

**Name and Address:**

**"MGR" = Manager**

**MGR**

RODRIGO ANDRES LOPEZ GUZMAN  
8200 NW 41ST STREET, SUITE 315  
DORAL, FL 33166

SECRET  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 01-11-2001 BY 60322 UCBAW

2022 MAY -5 AM 11:46

MEMO

**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 record.

**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.

RODRIGO ANDRES LOPEZ GUZMAN

Typed or printed name of signee

**Filing Fee:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**  
**\$ 30.00 Certified Copy (Optional)**  
**\$ 5.00 Certificate of Status (Optional)**