

To: +18506176381

Page: 1 of 4

2022-05-09 20:08:37 GMT

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From: Mylika Morton

5/9/22, 4:08 PM

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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 : ASAP LAW, PLLC
Account Number : I20190000038
Phone : (407)461-9885
Fax Number : (407)641-8159

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

Email Address: MYMORTON@ASAPLAWFIRM.COM

RECEIVED

2022 MAY -9 PM 4:11

DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

FLORIDA LIMITED LIABILITY CO.
BUEN VECINO APARTMENTS LLC

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

FLORIDA DEPARTMENT OF STATE
ALLAHASSEE, FLORIDA

2022 MAY -9 AM 9:08

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Corporate Filing Menu

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: BUEN VECINO APARTMENTS 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:

MYLIKA MORTON CPA ESQ

Name of Person

ASAP LAW PLLC

Firm/Company

111 N ORANGE AVE STE 800

Address

ORLANDO, FL 32801

City/State and Zip Code

MYMORTON@ASAPLAWFIRM.COM

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

For further information concerning this matter, please call:

MYLIKA MORTON 407 461-9885
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

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TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BUEN VECINO APARTMENTS 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:700 GENERATION POINT
KISSIMMEE, FL 34744700 GENERATION POINT
KISSIMMEE, FL 34744

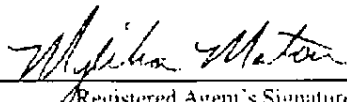
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

ASAP LAW PLLCName111 N ORANGE AVE STE 800Florida street address (P.O. Box **NOT** acceptable)ORLANDOFL32801CityStateZip

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)

2022 MAY -9 AM 9:08
 CLERK OF STAFF
 HILLSBORO, 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:

AMBR

OSCEOLA COUNCIL ON AGING

700 GENERATION POINT

KISSIMMEE FL 34744

(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 Statute. I am aware that any false information submitted in a document to the Department of Social Services constitutes a third degree felony as provided for in s.817.155, F.S.

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.

WENDY FORD

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)

ALLIANCE FOR FLORIDA

2022 MAY -9 AM 9:08

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