5/24/22, 1:15 PM

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

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From:

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Email Address:_

FLORIDA LIMITED LIABILITY CO. STELLA'S CORNER, LLC

Certificate of Status	0	
Certified Copy	1	
Page Count	03	
Estimated Charge	\$155.00	

Electronic Filing Menu

Corporate Filing Menu

Help

me: Imited Liability Company is:

ARTICLES OF ORGANIZATION FOR PLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Stella's Corner, 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:

601 N. Federal Highway	601 N. Federal Highway
Suite 211-213	Suite 211-213
Hallandale Beach, FL 33009	Hallandale Beach, FL 33009

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:

Mancebo Law, P.A.		
	Name	•
250 Catalonia Aven	ue, Suite 302	
Florida street addres	ss (P.O. Box NOT ac	ceptable)
Coral Gables	FL	33134
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 it am familiar with and accept the obligations of my position appears agent as provided for in Chapter 605, F.S.

Agent's Signature (REQUIRED)

(CONTINUED)

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A) Ti	RTICLE IV- ac name and address of each person au	thorized to manage and control the L	limited Liability Company:	
** <i>F</i>	<u>tle:</u> MBR" = Authorized Member	Name and Address:		
"/	MGR = Manager	<u> </u>		
	MGR	Mirna S. Couto 6685 SW 164 Avenue Miami, FL 33193		
<u>1</u>	AGR	Hilda Gamer 2324 SW 67 Avenue Miami, FL 33155		
_	<u></u>			
		<u> </u>		
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T)	Ise attachment if necessary)	,	Z	2022 HA
ARTICLE	V: Effective date, if other than the date tive date is listed, the date must be sp	e of filing: pecific and cannot be more than five	(OPTIONAL). e business days prior to or 90 day	rafter ,
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ARTIÇLE	VI: Other provisions, if any.			1: 36
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ī	REOURED SIGNATURE:	7		

Signification 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.

Hilda Gamer

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)