# 122 000236853

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

T. SCOTT
JUN - 2 2022



100386994421

05/04/22-~01018--012 \*\*155.00



# COVER LETTER

	New Filing Sec Division of Co				
SUBJEC*		ALA SOCCER, LL	.C		
3000120	'·	Nam	e of Limited Li	ability Company	
The enclo	sed Articles of	Organization and f	fee(s) are submi	tted for filing.	
Please ret	urn all correspo	ondence concerning	g this matter to t	he following:	
	DARIO SA	LA			
			Nam	e of Person	
		· · · · · · ·	Firm	/Company	
	108 MAYE	AIR LANE			
			۱۰,	address	
	PONTE VE	DRA BEACH, FL	32082		
	dariosala0@g	nnail com	City/Stat	e and Zip Code	
			be used for futt	ire annual report notifie	ration)
For further	information co	ncerning this matte	т, please call:		
	Dario Sala		469	605-8995 )	
	Nan	ne of Person	Area Coc		
Enclosed	is a check for t	he following amou	nt:		
	0 Filing Fee	□\$130.00 Filing Certificate of St	g Fee & ■ atus Ce	\$155.00 Filing Fee & rtified Copy tional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address		Street Address	
		iling Section on of Corporations		New Filing Section The Centre of Talk	
		Box 6327		2415 N. Monroe Si	
	Tallah	assee, FL 32314		Tallahassee, FL 32	303

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Lia	bility Company is:					
DARIO SALA S	OCCER, LLC.					
	ontain the words "Limited L	ability Company	', "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and stre	et address of the principal of	ice of the Limite	d Liability Company is:			
<u>Prin</u>	cipal Office Address:		Mailing Address:			
108 MAYFAIR I	LANE	108	108 MAYFAIR LANE PONTE VEDRA BEACH, FL 32082			
PONTE VEDRA	BEACH, FL 32082	<u>PC</u>				
another business entity with The name and the Florida str	_					
	DARIO SALA					
		Name				
	108 Mayfair Lane					
	Florida street address	(P.O. Box <b>NOT</b>	acceptable)			
	Ponte Vedra Beach	FL	32082			
	City	State	Zip			
laving been named as register place designated in this certific in ther agree to comply with th im familiar with and accept th	rate. I hereby accept the appore provisions of all statutes relies obligations of my position a.	inment as registe ating to the propes registered agen	red agent and agree to act or and complete performat t as provided for in Chapte	in this capacity. I ace of my duties, and I		
		(CONTINUED	)	100 mm 10		

## ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Me	Name and Address:	
"MGR" = Manager _AMBR	Dario Sala 108 MAYFAIR LANE PONTE VEDRA BEACH, FL 32082	_ _ _
		_ _ _
		_ _
(Use attachment if necessar		_
n effective date is listed, the dat late of filing.) e: If the date inserted in this blo	an the date of filing:	,
document's effective date on the FICLE VI: Other provisions, if a		
REQUIRED SIGNATUR	Dul 05-02-22	
This docur I am aware	are of a member or an authorized representative of a member, in is executed in accordance with section 605.0203 (1) (b). Florida Statutes, at any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S.	

. .

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)

DARIO SALA