2000244155

(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doce	ument Number))
Certified Copies	Certificate:	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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D. O'KEEFE JUN - 6 2022

COVER LETTER

TO:	New Filing Section Division of Corporations	
SUBJE	FCT: ETERNAL DISTINCTION LLC	
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·	Liability Company
The enc	nclosed Articles of Organization and fee(s) are sub	mitted for filing.
Please r	return all correspondence concerning this matter	to the following:
	Nicole Montalvo	
	N:	ame of Person
	ETERNAL DISTINCTION LLC	
	F	irm/Company
	3197 Crown Jewel Ct	
		Address
	Winter Park, FL 32792	
	City/S neko@eternaldistinction.com	state and Zip Code
	E-mail address: (to be used for t	future annual report notification)
For furth	ther information concerning this matter, please call	l:
	Nicole Montalvo at (7 202-3906
	Name of Person Area C	Code Daytime Telephone Number
Enclose	sed is a check for the following amount:	
\$ 125.00	Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee. Certified Copy dditional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address New Fiting Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ETERNAL DIST	TINCTION LLC	
(Must contai	in the words "Limited Liabi	ility Company,	"L.L.C.," or "LLC.")
RTICLE II - Address:			
ne mailing address and street add	dress of the principal office	of the Limited	Liability Company is:
<u>Principal</u>	Office Address:		Mailing Address:
3197 Crown Jewel Ct		3197 Crown Jewel Ct	
Winter Park, FL 32792 RTICLE III - Registered Ager The Limited Liability Company of the business entity with an action	nt, Registered Office, & Re	egistered Ager	er Park, FL 32792 It's Signature: You must designate an individual
RTICLE III - Registered Ager The Limited Liability Company of	nt, Registered Office, & Registered agei	egistered Ager istered Agent. '	it's Signature:
RTICLE III - Registered Ager The Limited Liability Company on the business entity with an ac-	nt, Registered Office, & Registered Office, & Registered Serve as its own Registration.)	egistered Ager istered Agent. V	it's Signature:
RTICLE III - Registered Ager The Limited Liability Company on the business entity with an ac-	nt, Registered Office, & Recannot serve as its own Registive Florida registration.) ddress of the registered agen	egistered Ager istered Agent. V	it's Signature:
RTICLE III - Registered Ager The Limited Liability Company on the business entity with an ac-	nt, Registered Office, & Regardent serve as its own Registive Florida registration.) ddress of the registered agentical Micole Montalyo National National National National Registered National National Registered National National National Registered National Nat	egistered Ager istered Agent. ' nt are:	nt's Signature: You must designate an individual
RTICLE III - Registered Ager The Limited Liability Company on the business entity with an ac-	nt, Registered Office, & Regannot serve as its own Registive Florida registration.) ddress of the registered agentical Micole Montalvo National N	egistered Ager istered Agent. ' nt are:	nt's Signature: You must designate an individual

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)

022 MAY -6 AM 8: 3

SECHEIAKT OF STAIL

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Allinda Manathur
AMBR	Nicole Montalvo
	3197 Crown Jewel Ct
	Winter Park, FL 32792
	7****
(Use attachment if necessary)	
effective date is listed, the date must be s te of filing.)	
effective date is listed, the date must be s te of filing.)	pecific and cannot be more than five business days prior to or 90 days a meet the applicable statutory filing requirements, this date will not be list
effective date is listed, the date must be s te of filing.) If the date inserted in this block does not	pecific and cannot be more than five business days prior to or 90 days a meet the applicable statutory filing requirements, this date will not be list
effective date is listed, the date must be ste of filing.) If the date inserted in this block does not cument's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not be list at of State's records.
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effective date is listed, the date must be stee of filing.) If the date inserted in this block does not cument's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE: X Signature of a man This document is excess.	meet the applicable statutory filing requirements, this date will not be list at of State's records. May a member or an authorized representative of a member. The member of an authorized representative of a member. The member of a member of a member.
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effective date is listed, the date must be stee of filing.) If the date inserted in this block does not cument's effective date on the Department CLE VI: Other provisions, if any. REOUIRED SIGNATURE: X Signature of a magnetic that any fall constitutes a third degree.	meet the applicable statutory filing requirements, this date will not be list at of State's records. The member of an authorized representative of a member. The intention submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S. Nicole Montalvo

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

T-1LED 122 MAY -6 AM 8:37

ARTICLES OF ORGANIZATION FOR IT ORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabi	fity Company is:		
(Must co	ETERNAL DI	STINCTION LLC	
ARTICLE II - Address:	itali ili viviti. Liineti sie	,	
The mailing address and street	address of the principal offi-	ce of the Limited	Liability Company is:
<u>Princi</u>	pal Office Address:		Mailing Address:
3197 Crown Jewel (Ot	3197	Crown Jewel Ct
Winter Park, FL 327	92	Wint	er Park, FL 32792
(The Limited Liability Compar another business entity with an			You must designate an individual or
The name and the Florida stree			
The name and the Florida stree			
The name and the Florida stree	t address of the registered as		
The name and the Florida stree	t address of the registered as	gent are:	
The name and the Florida stree	t address of the registered ag Nicole Montalvo	gent are:	cceptable)
The name and the Florida stree	t address of the registered as Nicole Montalvo S 3197 Crown Jewel Ct	gent are:	cceptable) 32792

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)

122 MAY -6 AM 8:3

ARTICLE IV-

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

Title:	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager	Nicole Montalvo		
AMBR	3197 Crown Jewel Ct		-
	Winter Park, FL 32792		-
	Winter Park, PC 32792		_
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(Use attachment if necessary)			
CLEV. Ephalia las fradamidas de	e date of filing:	NAL)	
effective date is listed, the date must	be specific and cannot be more than five business days pr	ior to or '	90 day
CLE VI: Other provisions, if any.			
REQUIRED SIGNATURE:			
\times \mathcal{M}_{i}	at William		_
Signature of	a member or an authorized representative of a member	r .	
This document is o	executed in accordance with section 605,0203 (1) (b). Floric y false information submitted in a document to the Departme	da Statute:	s. le
constitutes a third of	legree felony as provided for in s.817.155, F.S.		
	Nicole Montalvo		
	Typed or printed name of signee	SEURL JAR (ALL AHASSI	2022 MAY
	Filing Fees:	> \(\frac{1}{2} \)	2
\$132 BO Filing Use for Artistar	of Organization and Designation of Registered Agent	Ē	\equiv
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\$ 30.00 Certified Copy (Option		SE T	တ်
\$ 5.00 Certificate of Status (O	puonar)	$\mathcal{T}^{\mathbb{C}}$	***
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