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(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Name)	
(Doc	ument Number)	
Certified Copies	Certificates of	Status
Special Instructions to F	iling Officer:	

Office Use Only



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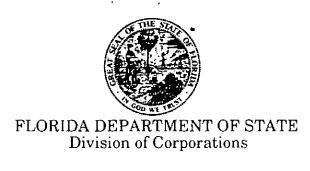
2027 JUN - 7 AH 11: 22

· FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 . (850) 524-624

8651 NE 10 CT LLC BUSINESS (Name)	Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy of Articles	
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit	Amendment Resignation of R.A. Officer/I
Not for Profit X Limited Liability	Change of Registered
Domestication	Dissolution/Withdrawal
Other	Merger
CORP	Conversion
OTHER FILINGS	REGISTERATION/QUALIFICATION
Annual Report	Foreign filing
Fictitious Name	Limited PartnershipReinstatement
APOSTIL ()	Other

COVER LETTER

	ew Filing Sectivision of Co					
SUBJECT		0 CT LLC				
SUBJECT	-	Na	me of Lim	ited Liabili	ty Company	
The enclos	sed Articles of	Organization and	l fee(s) are	submitted	for filing.	
Please retu	m all correspo	ondence concerni	ng this ma	tter to the fi	ollowing:	
	Nicolas Izqu	ierdo Chadwick				
				Name of	Person	
	Sunland Gro	оцр				
				Firm/Co	mpany	
	14 NE Ist A	ve, Suite 305				
				Addre	ess	
	Miami, Flor	ida, 33132				
			C	ity/State and	l Zip Code	<u> </u>
-	info@sunland			Cor Situro a	nnual report notificat	ion)
For further is		encerning this mat				,
	Sandra Ferre	ra	30 at (5	373 4033	
	Nan	ne of Person	Aı	rea Code	Daytime Telephor	ne Number
Enclosed is	s a check for t	the following amo	unt:			
) Filing Fee	□\$130.00 Fili Certificate of	ng Fe c &	Certific	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose
		ng Address			Street Address New Filing Section D	vivision
	Divisi	Filing Section on of Corporation	ıs		The Centre of Tallah	assee
		Box 6327 iassee, FL 32314			2415 N. Monroe Stre Tallahassee, FL 3230	



June 3, 2022

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: 8651 NE 10 CT LLC Ref. Number: W22000073145

We have received your document for 8651 NE 10 CT LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The signature are not acceptable to dark for imaging and they cover up wording in the Acceptance and Member signature page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

2022 JUN -7 PM 3:

Letter Number: 322A00012496

www.sunbiz.org

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE	I - Name:	
77	المستا سلاك	:-1:1:

The name of the Limited Liability Company is:

2022 JUN -7 AM 11: 22

SEUNE LARY OF STATE TALLAHASSEE, FL

8651 NE 10 CT LLC

(Must contai	n the words "Limited	Liability Company, '	"L.L.C.," or "LLC.")	***************************************
ARTICLE II - Address:				
The mailing address and street add	lress of the principal o	ffice of the Limited	Liability Company is:	
Principal	Office Address:		Mailing Addres	<u>8</u> :
14 NE 1st Ave			E 1st Ave	. <u></u>
Suite 305		Suite	Suite 305	
Miami, Florida, 33132		Mian	ni, Florida, 33132	
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an act The name and the Florida street ac	annot serve as its own tive Florida registration	Regist ered Agent. \ on.)	ou must designate an indiv	idual or
	Nicolas Izquierdo Ch	nadwi <u>ck</u>		
		Name		
	14 NE 1st Ave. Suite			
	Florida street addres	s (P.O. Box <u>NOT</u> ac	eceptuble)	
	Miami	Florida	33132	
	City	State	/ Zip	
Having been named as registered ag olace designated in this certificate, l iurther agree to comply with the pro um familiar with and accept the obli	hereby accept the app visions of all statutes r igations of my position	ointment at registere elating to the proper	ed agent and agree to act in and complete performance as provided for in Chapter 6	this capacity. 1 of my duties, and l

(CONTINUED)

ARTICLE IV-

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Naoshi Matsumoto
WOK	14 NE 1st Ave, Suite 305
	Miami, Florida, 33132
4 D	Nicolas Izquierdo Chadwick
<u>AP</u>	14 NE 1st Ave, Suite 305
	Miami, Florida, 33132
	14 NE 1st Ave, Suite 305 Miami, Florida, 33132
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	<u></u>
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	U,
(Use attachment if necessary)	
,	control ()
CTICLE V: Effective date, if other than the	ne date of filing: 06/07/2022
an effective date is listed, the date must	be specific and cannot be more than five business days prior to or 90 days a
a data of filing \	
ote: If the date inserted in this block doc	s not meet the applicable statutory filing requirements, this date will not be liste
e document's effective date on the Depar	iment of State's records.
e document s effective date on the Depart	inchi di dizini di dizini di
CTICLE VI: Other provisions, if any.	. 1 1
CITCED THE OSICI PROTEINS AND	1
	

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 over that any false information submitted in a document to the Department of State onstitutes a third degree felony as provided for in s.817.155, F.S.

Nicolas Izquierdo Chadwick / Authorized Representative
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)

REQUIRED SIGNATURE:

\$ 5.00 Certificate of Status (Optional)