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Division of Corporations

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 : SOSME ACCOUNTING & TAX SERVICES LLC
 Account Number : I20200000102
 Phone : (954)998-1035
 Fax Number : (954)573-1480

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
SYTACK DESIGN LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

22 JUN 15 PM 12:35
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2022 JUN 15 PM 5:27
 DIVISION OF CORPORATIONS
 COMMERCIAL SERVICES

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: SYTACK DESIGN 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:

ADRIHEL INLE LARGO CARRASQUEL

Name of Person

SYTACK DESIGN LLC

Firm/Company

7411 NW 107TH PATH

Address

MIAMI FL 33178

City/State and Zip Code

ADRIHELINLE@GMAIL.COM

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

For further information concerning this matter, please call:

ADRIHEL LARGO

786

835-8249

Name of Person

Area Code

Daytime Telephone Number

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SYTACK DESIGN 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:**7411 NW 107TH PATHMIAMI FL 331787411 NW 107TH PATHMIAMI FL 33178**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:

ADRIHEL INLE LARGO CARRASQUEL

Name


7411 NW 107TH PATHFlorida street address (P.O. Box **NOT** acceptable)MIAMIFLORIDA33178

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 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)

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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:MGR

ADRIHEL INLE LARGO CARRASQUEL
 7411 NW 107TH PATH
 MIAMI FL 33178

(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 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.

ADRIHEL INLE LARGO CARRASQUEL

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)

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 ALACHUA COUNTY, FLORIDA