

6/14/22, 3:53 PM

# L22000277865

Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H22000207179 3)))



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## To:

Division of Corporations  
Fax Number : (850)617-6381

## From:

Account Name : LATIN AMERICAN TAXPRO  
Account Number : I20220000106  
Phone : (407)318-0823  
Fax Number : (561)467-5851

**\*\*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. HARMONIC LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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#22002071793

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: HARMONIC GROUP 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:

LUISANA CAROLINA ESQUIVEL BOSCAN

Name of Person

Firm/Company

10525 DEMILO PL APT 108

Address

ORLANDO, FL, 32836

City/State and Zip Code

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

For further information concerning this matter, please call:

LUISANA ESQUIVEL

786

6375882

at ( )

Name of Person

Area Code

Daytime Telephone Number

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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

HARMONIC GROUP 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:10525 DEMILO PL APT 108  
ORLANDO, FL, 32836Mailing Address:10525 DEMILO PL APT 108  
ORLANDO, FL, 32836

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

LUISANA CAROLINA ESQUIVEL BOSCAN

Name

10525 DEMILO PL APT 108Florida street address (P.O. Box **NOT** acceptable)ORLANDO

City

FLORIDA

State

32836

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 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)

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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

LUISANA CAROLINA ESQUIVEL BOSCAN  
 10525 DEMILO PL APT 108  
 ORLANDO, FL, 32836

MGR

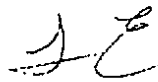
CARLOS JOSE PENA VALERO  
 10525 DEMILO PL APT 108  
 ORLANDO, FL, 32836

(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.

LUISANA CAROLINA ESQUIVEL BOSCAN

Typed or printed name of signer

**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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850-617-6381

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June 14, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LATIN AMERICAN TAXPRO

SUBJECT: HARMONIC LLC  
REF: W22000080579

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is F00000003264.

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.

Tammi Cline  
Regulatory Specialist II Supervisor

FAX Aud. #: H22000207179  
Letter Number: 522A00013343