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2022 JUN 21 PM 3: 20

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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Candreva & Southwork 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:
Lindu Southworth Name of Person
Name of Person
Firm/Company
5615 40th Ave. S. #414
Address
Kenneth City FL 33709 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Linda Southworth at (727) 641.3803
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
ES125.00 Filing Fee

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

Candreva + Southworth	LLC
(Must contain the words "Limited Liability Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the L	imited Liability Company is:
Principal Office Address:	Mailing Address:

o Ave. S.
City FL 33'709

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:

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Lind	in So	1 thwor	<u>h</u>	
		Name		
5619	5 40	Ave. S		
Florida str	eet addres	s (P.O. Box <u>N</u>	OT acceptable	:)
9	Kenn	eth Citi	1 FL	33709
1	 Citv	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)

SECRETARY OF STATE

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AMBR	Guillermo Candre	214 414	
	remen City +C	3370′	
		1	
			
			
(Use attachment if necessary) ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be the date of filing.) Note: If the date inserted in this block does no the document's effective date on the Departme	specific and cannot be more than five but meet the applicable statutory filing requ		
ARTICLE VI: Other provisions, if any.		1	
			— — —
REQUIRED SIGNATURE: Signature of a	when or an authorized representation	ALLAH ASS	12 JUN 2 1
This document is exe I am aware that any fi constitutes a third deg	reuted in accordance with section 605.020 also information submitted in a document gree felony as provided for in s.817.155, F	13 (1) (b), Florida Statutes to the Department of States	_ E L) PM 3: 20
Linda	Typed or printed name of signee		: 20

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)

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

Name and Address:

ARTICLE IV-

"MGR" = Manager

<u>Title:</u> "AMBR" = Authorized Member