

L22000202553

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000215085 3)))



H220002150853ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****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.
3157 CHEROKEE AVE LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

REFUSED
2022 JUN 22 AM 11:11
CORPORATIONS
COMMERCIAL
SERVICES

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

29

DocuSign Envelope ID: 5D1FCEAA-F88C-4880-B42D-B3E2132BEDBC

H22000215085

COVER LETTER

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

SUBJECT: 3157 Cherokee Ave 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:

Juan Labrador

Name of Person

Firm/Company

3157 Cherokee Ave. LLC

Address

891 chase rd. west Palm Beach, fl 33415

City/State and Zip Code

send2jlabrador@gmail.com

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

For further information concerning this matter, please call:

Juan Labrador at (561) 4108459

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

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

H22000215085

DocuSign Envelope ID: 5D1FCEAA-F88C-4880-B42D-B3E2132BEDBC

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

H22000215085

ARTICLE I - Name:

The name of the Limited Liability Company is:

3157 Cherokee Ave 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:

891 chase rd.
west palm beach
fl 33415

Mailing Address:

891 chase rd.
west palm
beach, fl 3341

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:

Juan Labrador

Name

891 Chase

Florida street address (P.O. Box NOT acceptable)

west palm beach Fl. 33415

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..

DocuSigned by:

Juan Labrador

DBA8011F833E1AC...

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

DocuSign Envelope ID: 5D1FCEAA-F88C-4880-B42D-B3E2132BEDBC

H22000215085

ARTICLE IV-

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	Juan Labrador
Member	891 Chase Rd. West Palm Beach Fl 33415
_____	_____
_____	_____
_____	_____
_____	_____

(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:

DocuSigned by:
Juan Labrador

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.
Juan Labrador

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)

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