

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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Email	Address:				

FLORIDA LIMITED LIABILITY CO. **OLGA'S NURSERY LLC**

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

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Help

To:

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

OLGA'S NURSERY	CLLC		
(Must con	min the words "Limited	Liability Company,	"L.L.C. ₁ " or "LLC.")
TICLE II - Address: mailing address and street a	ddowes of the principal of	office of the Limited	Liability Company is:
Highling andress and street of	iddress of the principal c	inte of the Limited	inability Company is.
<u>Princi</u>	nal Office Address:		Mailing Address:
202 111000 27 07			
383 WEST 36 ST			
HIALEAH, FL 330	ent, Registered Office, y cannot serve as its own	Registered Agent. N	
HIALEAH, FL 3301 TICLE III - Registered Age Limited Liability Company	ent, Registered Office, y cannot serve as its own active Flotida registratio	& Registered Agent, Yon.)	it's Signature:
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TICLE III - Registered Age Limited Liability Company ther business entity with an	ent, Registered Office, y cannot serve as its own active Florida registration address of the registered	& Registered Agent. Yon.)	it's Signature:
TICLE III - Registered Age Limited Liability Company ther business entity with an	ent, Registered Office, y cannot serve as its own active Florida registration address of the registered	& Registered Agent, Yon.) d agent are:	it's Signature:
TICLE III - Registered Age Limited Liability Company ther business entity with an	ent, Registered Office, y cannot serve as its own active Florida registration address of the registered OLGA RODRIGUE	& Registered Agent. Yon.) d agent are: Name	it's Signature: You must designate an individ
TICLE III - Registered Age Limited Liability Company ther business entity with an	ent, Registered Office, y cannot serve as its own active Florida registration address of the registered OLGA RODRIGUE	& Registered Agent. Yon.) d agent are: Name	it's Signature: You must designate an individ

Having been numed 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 603, F.S..

Olga Rodriguez
Olga Rodriguez (Jul S. 2022 14 05 EET)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

JUL -6 PM12:

To:

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	OLGA RODRIGUEZ 383 WEST 36 ST HIALEAH, FL 33012
	
(Use attachment if necessary)	
(If an effective date is listed, the date must be sp the date of filing.)	e of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE: Olga Rodrightz Olga Rodrightz Olga Rodrightz	
This document is execu I am aware that any fals	ember or an authorized representative of a member. Ited in accordance with section 605.0203 (1) (b), Florida Statutes, is information submitted in a document to the Department of State is felony as provided for in s.817.155, F.S.
OLGA RODRIC	OUEZ Typed or printed name of signee

22 JUL -6 PH 12: 35
SECALITARY OF STATE
TAIT AHASSEE, FLORIDA.