L22000447036

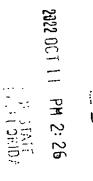
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
•

Office Use Only



100390063321

16/11/32--61082--028 **4125.00



COVER LETTER

	New Filing Sec Division of Co					
	13685 N	IE 10 AVE, #40	09, LL(С		
SUBJEC	Т:					
		Nam	e of Lim	iited Liabil	ity Company	
The enclo	sed Articles of	Organization and f	ee(s) are	submitted	for filing.	
Please ret	urn all correspo	ondence concerning	g this ma	itter to the f	ollowing:	
	LOURDES	D. ERMER				
				Name of	Person	
	DERGAN E	RMER LAW, PA				
				Firm/Co	mpany	
	7900 HARB	OR ISLAND DRI	VE, NO.	.713 A		
				Addr	ess	
	NORTH BA	Y VILLAGE, FL 3	3141			
	LDERMER@	GMAIL.COM	Ci	ity/State an	d Zip Code	·
		E-mail address: (to	be used	for future a	nnual report notificat	ion)
For further	information co	ncerning this matte	r, please	call:		
Lourdes Ermer		er	305		213-4124	
)	
	Nam	e of Person	Ar	rea Code	Daytime Telephor	ne Number
Enclosed	is a check for th	ne following amou	ıt;			
■ \$125.0	0 Filing Fee	□\$130.00 Filing Certificate of St	; Fee & atus	Certifi	5.00 Filing Fee & ed Copy al 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:	
13685 NE 10 AVE, #409, LLC	
(Must contain the words "Limited Liabi	lity 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:
3535 South Ocean Drive, Suite 2305	3535 South Ocean Drive, Suite 2305
Hollywood El 22010	Hollawood El 22010

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:

ERIC R. GUILLEN	Name	-
	Name	
3535 South Ocean E	Prive, Suite 2305	
Clasida stesst addess	c (P.O. Boy NOT a	ccentable)
r iorida street addres	5 H.O. DOS MOLA	
Florida street addres	55 (1 :0: DOX <u>NOT</u> a	eceptuote,
Hollywood, FL 33019	55 (1 .O. DOX <u>AVY</u> a	<u> </u>

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)

2022 OCT 11 PM 2: 26

ARTICLE IV-

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

"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	ERIC R. GUILLEN	
NOR	3535 South Ocean Drive, Suite 2305	
	Hollywood, FL 33019	
AMBR	SYLMIA E. GUILLEN	
	3535 South Ocean Drive, Suite 2305	
	Hollywood, FL 33019	
	-	
41.		
(Use attachment if necessary)		
te of filing.) If the date inserted in this block does not r	c of filing:	to or 90 days a
te of filing.) If the date inserted in this block does not recurrent's effective date on the Department	pecific and cannot be more than five business days prior meet the applicable statutory filing requirements, this date	to or 90 days a
te of filing.) If the date inserted in this block does not recument's effective date on the Department	pecific and cannot be more than five business days prior meet the applicable statutory filing requirements, this date	to or 90 days a
te of filing.) If the date inserted in this block does not recurrent's effective date on the Department	pecific and cannot be more than five business days prior meet the applicable statutory filing requirements, this date	to or 90 days a
te of filing.) If the date inserted in this block does not recument's effective date on the Department CLE VI: Other provisions, if any.	pecific and cannot be more than five business days prior meet the applicable statutory filing requirements, this date	to or 90 days a
te of filing.) If the date inserted in this block does not recument's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date of State's records. ember of an authorized representative of a member.	to or 90 days at
te of filing.) If the date inserted in this block does not recument's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is executed.	meet the applicable statutory filing requirements, this date of State's records. ember of an authorized representative of a member. Ited in accordance with section 605.0203 (1) (b), Florida State's records.	to or 90 days a
te of filing.) If the date inserted in this block does not recument's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is executed am aware that any false.	meet the applicable statutory filing requirements, this date of State's records. ember of an authorized representative of a member.	to or 90 days at
te of filing.) If the date inserted in this block does not recument's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is executed am aware that any false.	meet the applicable statutory filing requirements, this date of State's records. ember of an authorized representative of a member. Ited in accordance with section 605.0203 (1) (b), Florida Se information submitted in a document to the Department.	to or 90 days at
re of filing.) If the date inserted in this block does not recument's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is executed am aware that any false constitutes a third degree.	meet the applicable statutory filing requirements, this date of State's records. ember of an authorized representative of a member. Ited in accordance with section 605.0203 (1) (b), Florida Se information submitted in a document to the Department.	to or 90 days at
re of filing.) If the date inserted in this block does not recument's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is executed am aware that any false constitutes a third degree.	meet the applicable statutory filing requirements, this date of State's records. ember of an authorized representative of a member, sted in accordance with section 605.0203 (1) (b), Florida Se information submitted in a document to the Department of felony as provided for in s.817.155, F.S.	e will not be listed will not be listed with some state of State
re of filing.) If the date inserted in this block does not recument's effective date on the Department of the Departmen	meet the applicable statutory filing requirements, this date of State's records. Typed or printed name of signee	e will not be listed will not be listed with some state of State
re of filing.) If the date inserted in this block does not recument's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is executed am aware that any false constitutes a third degree Enc B. Guillen	meet the applicable statutory filing requirements, this date of State's records. ember of an authorized representative of a member. Ited in accordance with section 605.0203 (1) (b), Florida Se information submitted in a document to the Department of Felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: rganization and Designation of Registered Agent	to or 90 days at