

22000453515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

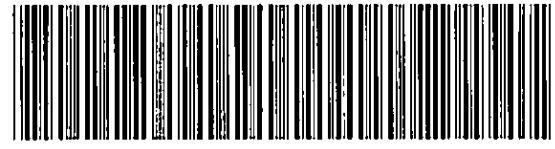
(Business Entry Name)

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Office Use Only



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S. CHATHAM

OCT 23 2022

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 OCT 21 AM 10:47

2022 OCT 21 PM 4:06

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: 120219000160 AMOUNT: \$125.00

AUTHORIZATION SIGNATURE: 

Enrique Sierra Boti, LLC

BUSINESS ( Name)

Document #

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**NEW FILINGS**

Profit  
 Not for Profit  
 Limited Liability  
 Domestication  
 Other  
 CORP

**AMMENDMENTS**

Amendment  
 Resignation of R.A. Officer/Director  
 Change of Registered Agent  
 Dissolution/Withdrawal  
 Merger  
 Conversion

**OTHER FILINGS**

Annual Report  
 Fictitious Name

**REGISTRATION/QUALIFICATIONS**

Foreign filing  
 Limited Partnership  
 Reinstatement

APOSTIL ( ) \_\_\_\_\_


Country

Other

EXAMINER'S INITIALS: \_\_\_\_\_

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL. 32309  
(850) 524-5437  
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT I20210000160 AMOUNT: \$125.00

AUTHORIZATION SIGNATURE: 

Enrique Sierra Boti, LLC

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Other

EXAMINER'S INITIALS: \_\_\_\_\_

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: ENRIQUE SIERRA BOTI, 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:

ENRIQUE SIERRA

Name of Person

Firm/Company

19387 SW 79 PLACE

Address

CUTLER BAY, FL 33157

City/State and Zip Code

esierra@nadevco.com

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

For further information concerning this matter, please call:

ENRIQUE SIERRA at (305) 979-3917  
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ENRIQUE SIERRA BOTI, 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:

Mailing Address:

19387 SW 79 PLACE  
CUTLER BAY, FL 33157

19387 SW 79 PLACE  
CUTLER BAY, FL 33157

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DIVISION OF CORPORATIONS  
OCT 21 AM 10:47

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:

ENRIQUE SIERRA

Name

19387 SW 79 PLACE

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

CUTLER BAY      FL      33157

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.*

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

ENRIQUE SIERRA  
19387 SW 79 PLACE  
CUTLER BAY, FL 33157

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
STATE DEPT OF  
DIVISION OF CORPORATIONS

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/19/2022 (OPTIONAL)

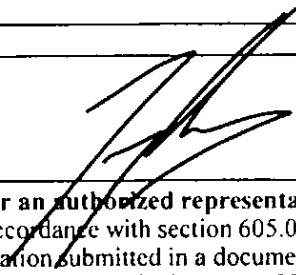
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

ENRIQUE SIERRA

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)