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(Requestor's Name)

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(Address)

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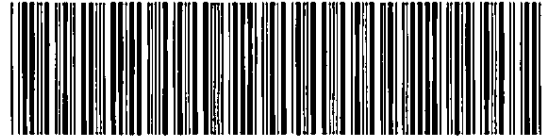
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OCT 26 2022

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22 OCT 26 PM 10:47

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TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

4339 NW 80 CT LLC

Signature _____

Requested by: SETH

10/25/22

Name _____

Date _____

Time _____

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174 Ponder's Printing • Tallahassee, GA 32302

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
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____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
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____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

ARTICLES OF ORGANIZATION
FOR
4339 NW 80 CT LLC

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

ARTICLE I: NAME

The name of the company is **4339 NW 80 CT LLC**.

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22 OCT 26 AM 10:47

ARTICLE II: PRINCIPAL OFFICE

The principal office of the company is **5250 NW 84th Ave, Apt 813, Doral, FL 33166**.

ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **Carolina Silva, 5250 NW 84th Ave, Apt 813, Doral, FL 33166.**

ARTICLE IV: AUTHORIZED MEMBER AND/OR MANAGER

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

Carolina Silva, Manager, 5250 NW 84th Ave, Apt 813, Doral, FL 33166

The undersigned has executed these Articles of Organization for filing purposes this 25th day of October 2022.

/S/ Carolina Silva, as Authorized Representative of 4339 NW 80 CT LLC.

Authorized Representative

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DIVISION OF PUBLIC AFFAIRS
22 OCT 26 AM 10:47

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of the Florida Statutes, the mentioned company, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the company is: **4339 NW 80 CT LLC**
2. The name and street address of the registered agent and office is:

Carolina Silva
5250 NW 84th Ave, Apt 813
Doral, FL 33166

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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.

/S/ Carolina Silva

Carolina Silva

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DIVISION OF
CORPORATION