

**U22000339065** 044

Division of Corporations  
**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.**

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**To:**

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

**From:**

Account Name : LICENSES & PERMITS LLC  
 Account Number : I20210000155  
 Phone : (305)226-8727  
 Fax Number : (305)226-8767

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

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**FLORIDA LIMITED LIABILITY CO.**

**EVERGREEN GROUPS LLC**

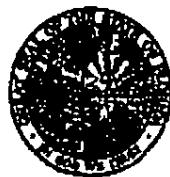
Certificate of Status	0
Certified Copy	0
Page Count	01
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October 27, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LICENSES & PERMITS LLC

SUBJECT: EVERGREEN GROUPS LLC  
REF: W22000135943

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Genesis R Kersay  
OPS Clerk

FAX Aud. #: H22000339065  
Letter Number: 322A00024166

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT:

Durance Group 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:

Lucia Esteelka  
Name of Person  
Licenses & Permits LLC  
Firm/Company  
8300 W. Flayler St #114  
Address  
Miami FL 33144  
City/State and Zip Code  
licenses192@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lucia Esteelka at 305-2268727  
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)

Mailng 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:

Orange Group LLC  
(Must contain the words "Limited Liability Company, "LLC," or "LLC.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: 17411 NW 82th Court  
Hialeah FL 33015      Mailing Address: 17411 NW 82th court  
Hialeah FL 33015

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

William Lara  
17411 NW 82th Court  
Name  
Florida street address (P.O. Box NOT acceptable)  
Hialeah FL 33015  
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..*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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:**

William Lara  
17411 NW 85th Court  
Hialeah FL 33015

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 10-3-2022 (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.

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**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 Statute.  
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, P.S.

William Lara  
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)

10/27/2022  
FAX  
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