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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : VORAUS S&O LLC
Account Number : I20220000166
Phone : (321)732-2022
Fax Number : (407)577-3447

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
JUCAVIUSA LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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Corporate Filing Menu

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D. O'KEEFE

NOV 01 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JUCAVIUSA LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JUAN CARLOS VILLARROEL CASTILLO

Name of Person

JUCAVIUSA LLC

Firm/Company

5313 PARADISE CAY CIRCLE

Address

KISSIMMEE, FL 34746

City/State and Zip Code

JUCAVIUSALLC@GMAIL.COM

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

For further information concerning this matter, please call:

JUAN CARLOS VILLARROEL CASTILLO

305

987-2421

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &

☐ \$155.00 Filing Fee &

☐ \$160.00 Filing Fee, Certificate

Certificate of Status

Certified Copy

of Status & Certified Copy

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JUCAVIUSA 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:

5313 PARADISE CAY CIRCLE
KISSIMMEE, FL 34746

Mailing Address:

5313 PARADISE CAY CIRCLE
KISSIMMEE, FL 34746

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:

VORAUS SPO LLC

Name

994 E OSCEOLA PKWY

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

KISSIMMEE

FLORIDA

34744

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.

Elsy e Olivar

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF DISTRICT COURT
JAILAH ASSOCIATES, FLOPP

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

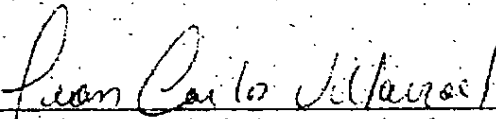
"MGR" = Manager

Name and Address:AMBRJUAN CARLOS VILLARROEL CASTILLO5313 PARADISE CAY CIRCLEKISSIMMEE, FL 34746

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.MACHINERY MAINTENANCE, RESIDENTIAL, COMMERCIAL CLEANING, SERVICES AND ALL ALLIED SERVICES AND PRODUCTS AND ANY ALL LAWFUL PURPOSE IN THE UNITED STATE.**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.

JUAN CARLOS VILLARROEL CASTILLO

Typed or printed name of signer

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)

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