

L22000517821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

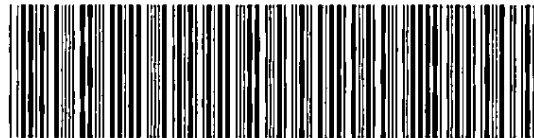
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Certified Copies _____

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Special Instructions to Filing Officer.

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FILED
SECTION 18.01
DIVISION OF REVENUE
DEC-9 PM 11: 7

2022 DEC -8 PM 3:27

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: La Palabra de Dios Coffee Shop
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:

Carolina Ortiz Gonzalez
Name of Person

La Palabra de Dios Coffee Shop
Firm/Company

104 32nd St
Address

Mexico Beach, FL 32456
City/State and Zip Code

apartamentoencali2011@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carolina Ortiz Gonzalez 850 7309730
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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:

La Palabra de Dios Coffee Shop, 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:

104 32nd St
Mexico Beach, FL 32456

Mailing Address:

104 32nd St
Mexico Beach, FL 32456

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:

Carolina Ortiz Gonzalez
Name

104 32nd St
Florida street address (P.O. Box **NOT** acceptable)

<u>Mexico Beach</u>	<u>FL</u>	<u>32456</u>
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.

Carolina Ortiz Gonzalez
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE
REGISTRATION
2022-09-19 PM 1:11

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Carolina Ortiz Gonzalez

104 32nd St

Mexico Beach, FL 32456

AMBR

Daniela Camila Carrillo Ortiz

104 32nd St

Mexico Beach, FL 32456

(Use attachment if necessary)

FILED
DIVISION OF CORPORATE AND
COMMERCIAL AFFAIRS
JAN 9 2014
TALLAHASSEE, FLORIDA

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.

REQUIRED SIGNATURE:

Carolina Ortiz Gonzalez

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.

Carolina Ortiz Gonzalez

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)