Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6381

From:

 $\ddot{\omega}$

Account Name : MARIA XIMENA MARTINEZ

Account Number : I20220000054 Phone : (786)571-4129 Fax Number : (786)590-1744

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

Email Address: info@modernsolutionsgroup.net

FLORIDA LIMITED LIABILITY CO. DEALS WIN WIN INVESTMENTS LLC

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Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help



COVERLETTER

New Filing Section Division of Corporations

TO:

	DEALS WIN	I WIN INVESTMENTS LLC				
SUBJEC	1:	Limited Liability Company				
The enclo	osed Articles of Organization and fee(s) are submitted for filing.				
Please ret	urn all correspondence concerning this	s matter to the following:				
	MA	ARIA XIMENA MARTINEZ				
		Name of Person				
	MOI	DERN SOLUTIONS GROUP				
	Firm/Company					
	2424 W. BRANDON BLVD #1282 Address					
BRANDON, FL 33511						
City/State and Zip Code INFO@MODERNSOLUTIONSGROUP.NET						
	E-mail address: (to be u	sed for future annual report notificati	on)			
For further	information concerning this matter, plo	ease call:	(0			
	MARIA XIMENA MARTINEZ	, 786 , 571-4129	: :::			
	Name of Person	Area Code Daytime Telephon	e Number			
Enclosed i	is a check for the following amount:					
	0 Filing Fee \$130.00 Filing Fee Certificate of Status	e & \$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	Street Address New Filing Section Di	vision			
	Division of Corporations	rągigi/ngMzf022040::	Tgg.			
	P.O. Box 6327 Tallahassee, FL 32314	@Y!?Ygd#gb/@(/gi r0220q0#gg@V□	٧			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	W. 6			
The name of the Limited Liab	othry Company is:			
DEALS WIN WIN I	NVESTMENTS LLC			
		Liability Cor	npany, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and stree	t address of the principal o	office of the L	imited Liability Company is:	
Prince	cipal Office Address:		Mailing Addre	<u>:ss</u> :
581 VISTA SOL DR			581 VISTA SOL DR	
DAVENPORT, FL 3	3837		DAVENPORT, FL 33837	
				<u> </u>
another business entity with a The name and the Florida stre	in active Florida registratio	on.) d agent are:	Agent. You must designate an indi	viduai oi
Florida street address (P.O. Box.)			NOT acceptable)	
				ζ,
	<u>DAVENPORT</u> City	Fl. State	33837 Zip	-
place designated in this certifica further agree to comply with the	ed agent and to accept serv tie. I hereby accept the app provisions of all statutes r obligations of my position	ice of process sointment as r selating to the as registered	for the above stated limited liabilicgistered agent and agree to act in proper and complete performance agent as provided for in Chapter (ARODRIGUEZ) Signature (REQUIRED)	this capacity. It of my duties, and I.
		COSTIN	LEDY	

(CONTINUED)

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		
MGR	WILMA LOZADA RODRIGUEZ	
	581 VISTA SOL DR	
	DAVENPORT, FL 33897	
MGR	HANPAUL GUZMAN LOZADA	
	581 VISTA SOL DR	
	DAVENPORT, FL 33837	

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		• 1
(Use attachment if necessary)		ے
. Demonstration of the control of th	(2)	
	of filing: (OPTIONAL)	
	ecific and cannot be more than five business days prior to o	ır 90 days after
the date of filing.)		
	neet the applicable statutory filing requirements, this date wi	il not be listed as
the document's effective date on the Department	of State's records.	-
A DETICAL ENVIRONMENT OF THE STATE OF THE ST		7.
ARTICLE VI: Other provisions, if any. REAL ESTATE INVESTMENTS		: (.)
REAL ESTATE INVESTMENTS		
		
REQUIRED SIGNATURE:		
	LOZADA RODRIGUEZ	
		\simeq
	ember or an authorized representative of a member.	
This document is execut	ted in accordance with section 605.0203 (1) (b). Florida Statu	ites.
	information submitted in a document to the Department of S	tate
constitutes a third degree		
	e felony as provided for in s.817.155, F.S.	
<u></u>	WILMA LOZADA RODRIGUEZ	
		

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)