# L23000030886

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
red Copies Certificates of Status
ecial Instructions to Filing Officer:
Office Use Only



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S. CHATHAM
JAN 24 2023

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

## PITAL CONNECTION, INC.

enting + Thom isvite, GA &/00

Virginia Street, Suite 1 • Tallahassee, Florida 32301 24-8870 • 1-800-342-8062 • Fax (850) 222-1222

T INTERNATNIOAL, LLC	
	<del>- </del>
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawał
	Annual Report / Reinstatement
	Cert. Copy
	Рһоғо Сору
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
<u> </u>	Fictitious Owner Search
-	Vehicle Search
	Driving Record
d by: SETH	UCC 1 or 3 File
Date Time	UCC 11 Search
Date Time	UCC 11 Retrieval
Will Pick Up	Courier

#### COVER LETTER

**New Filing Section** 

TO:

Div	vision of Co.	rporations				
SUBJECT:		ernational, LLC				
SUDJECT.		Nan	ne of Lim	ited Liabilit	y Company	
The enclose	d Articles of	Organization and	fee(s) are	submitted	for filing.	
Please retur	n all corresp	ondence concernin	g this mat	tter to the fo	ollowing:	
	Sergio Kuttl	er				
•				Name of I	Person	
	SyAct Interr	national, LLC				
•				Firm/Con	npany	
	11202 NW 9	th Street				
•				Addre	SS	
	Plantation F	lorida 33325-1523				
ir	nfo@syactco	rn.com	Ci	ty/State and	Zip Code	
<u> </u>		·	be used t	for future ar	nual report notificati	ion)
For further in	formation co	ncerning this matte	r, please	call:		
S	Sergio Kuttle	:r	at (	954	909-9416	
-	Nam	e of Person		ea Code	Daytime Telephon	e Number
Enclosed is	a check for t	he following amou	nt:			
■\$125.00 I	Filing Fee	□\$130.00 Filin Certificate of St		Certifie	.00 Filing Fee & d Copy I copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	-	g Address			Street Address	
		iling Section on of Corporations			New Filing Section Di The Centre of Tallaha	
	P.O. B	ox 6327		2	415 N. Monroe Stre	ct, Suite 810
	Tallah	assee, FL 32314		T	'allahassee, FL 3230	3

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CLE I - Name:

ame of the Limited Liability Company is:

•	contain the words "Limited	Liability Company, "	L.L.C.," or "LLC.")
CLE II - Address:			
ailing address and sti	ect address of the principal of	office of the Limited I	Liability Company is:
<u>Pr</u>	incipal Office Address:		Mailing Address:
11202 NW 9th Street		11202	2 NW 9th Street
Plantation, Flor	ida 33325-1523	Planta	ation, Florida 33325-1523
•	h an active Florida registration treet address of the registered Sergio Kuttler	d agent are:	C's Signature: Ou must designate an individual or
		Name	
	11202 NW 9th Stree		
	Florida street addres	ss (P.O. Box <u><b>NOT</b></u> acc	ceptable)
	Plantation	Florida	33325-1523
	City	State	Zip
	icate, I hereby accept the app the provisions of all statutes r	ointment as registered elating to the proper d	above stated limited liability company at the d agent and agree to act in this capacity. I and complete performance of my duties, and s provided for in Chapter 605, F.S

#### ARTICLE IV-

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

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Sergio Kuttler
4117713	11202 NW 9th Street
	Plantation. Florida 33325-1523
	, , , , , , , , , , , , , , , , , , , ,
	<u> </u>
(Use attachment if necessary)	
effective date is listed, the date must te of filing.)	
effective date is listed, the date must ite of filing.)	be specific and cannot be more than five business days prior to or 90 days af s not meet the applicable statutory filing requirements, this date will not be listed
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effective date is listed, the date must te of filing.)  If the date inserted in this block does becoment's effective date on the Department's effective date on the Department of	s not meet the applicable statutory filing requirements, this date will not be listed to the state of State's records.  State's records.  State and shall indemnify, defend, and hold the Manager harmless from all claims, and by the Manager, whether suit be brought or not, including attorney fees  I a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b). Florida Statutes, by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.

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)