

3000033450
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.

((H23000030566 3)))



H230000305663ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****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.
5752 RAMBLER ROSE WAY LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

2023 Jan 24 PM 2:21
Electronic Filing Menu

Corporate Filing Menu

Help

23 JAN 24 PM 2:35

H23000030566

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 5752 Rambler Rose Way 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:

Angela Avila Duque
Name of Person
Firm/Company
4750 Gladiator Circle
Address
Greenacres, FL 33463
City/State and Zip Code
avilad28@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Avila Duque 561 555-9331
at ()
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)

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

23 JAN 24 PM 12:35

H23000030566

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

H23000030566

CLE I - Name:

Name of the Limited Liability Company is:

5752 Rambler Rose Way LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

CLE II - Address:

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

Principal Office Address:

Mailing Address:

4750 Gladiator Circle
Greenacres, FL 33463

4750 Gladiator Circle
Greenacres, FL 33463

CLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

A Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or other business entity with an active Florida registration.)

Name and the Florida street address of the registered agent are:

Angela Avila Duque

Name

4750 Gladiator Circle

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

Greenacres

FL

33463

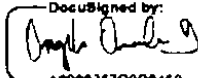
City

State

Zip

I have been named as registered agent and to accept service of process for the above stated limited liability company at the address designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I 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..

Designated by:



AD00003570202400

Registered Agent's Signature (REQUIRED)

(CONTINUED)

23 JUN 24 PM 12:35
H23000030566

H23000030566

H23000030566

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

Member

Angela Avila Duque
4750 Gladiator Circle
Greenacres, FL 33463

(Use attachment if necessary)

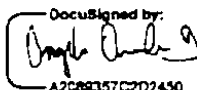
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after date of filing.)

te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

DocuSigned by:

A2C88357C2D2450...

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.

Angela Avila Duque

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)

23 JAN 2012 3:35 PM

H23000030566