

L230000 47285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

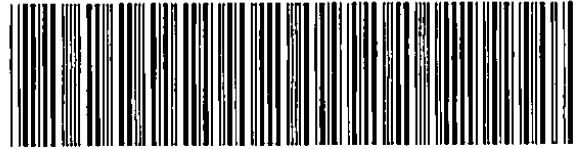
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/31/23--01020--018 **125.

2023 JAN 31 PM 2:23
CLERK OF
TALLAHASSEE, FLORIDA

2023 JAN 31 PM 2:55
CLERK OF
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ZULIA RENT LLC

Signature

Requested by: SETH

01/26/23

Name

Date

Time

Walk-In

Will Pick Up

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 / Withdrawal _____
Annual Report / Reinstatement _____
Cert. Copy _____
Photo Copy _____
Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
Courier _____

COVER LETTER

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

SUBJECT: Zulia Rent 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:

Arleen Davila

Name of Person

ADV ACCOUNTING & TAX SERVICES LLC

Firm/Company

12701 S John Young Pkwy Ste 215

Address

Orlando FL 32837

City/State and Zip Code

arleendavila@gmail.com

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

For further information concerning this matter, please call:

Arleen Davila

407

641-0810

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Zulia Rent 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:2780 Nottel Drive
Saint Cloud, FL 34772**Mailing Address:**2780 Nottel Drive
Saint Cloud FL 34772**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:

ADV Accounting & Tax Services LLC

Name

12701 S John Young Pkwy Ste 215Florida street address (P.O. Box **NOT** acceptable)OrlandoFL32837

City

State

Zip

I 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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 JAN 31 PM 2:56
-ED
SECRETARY OF STATE
TALLAHASSEE, FL 32310

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:

AMBR

Sergio J Garcia Martinez

2780 Nottel Drive

Saint Cloud FL 34772

AMBR

Maria C Quintero Guillen

2780 Nottel Drive

Saint Cloud FL 34772

AMBR

Yusleidys D Gutierrez Valbuena

2780 Nottel Drive

Saint Cloud 34772

AMBR

Ornel J Finol Finol

2780 Nottel Drive

Saint Cloud FL 34772

(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.

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.

Sergio J Garcia Martinez

Typed or printed name of signer

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:

MBR

Juan M Ramirez Gonzalez

2780 Notel Drive

Saint Cloud FL 34772

MBR

Cynthia P Finol Gutierrez

2780 Notel Drive

Saint Cloud FL 34772

(Use attachment if necessary)

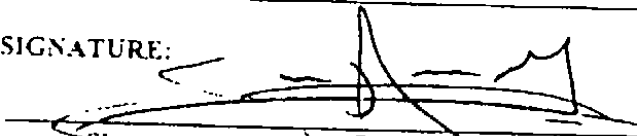
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Sergio J Garcia Martinez

Typed or printed name of signer