

L23000049572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

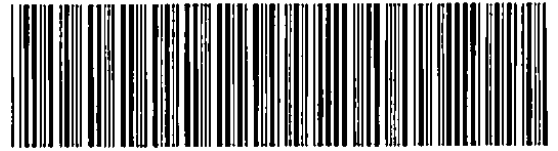
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 FEB - 1 PM 5:45
SECRETARY OF STATE
TALLAHASSEE, FL

02/01/23--01013--012 **12

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DIRECTOR'S OFFICE
REGISTRARS
TALLAHASSEE, FLORIDA

**CORPORATE
ACCESS,
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WALK IN

PICK UP: 02//2023

☐ **CERTIFIED COPY** _____
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xx **FILING** LLC _____

1. HOME PINES LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

HOME PINES LLC

ARTICLE II - Address:

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

Principal Office Address:

**9000 Sheridan Street, Ste 138
Pembroke Pines, FL 33024**

Mailing Address:

**9000 Sheridan Street, Ste 138
Pembroke Pines, FL 33024**

**SECRETARY OF STATE
TALLAHASSEE, FL**

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

The name and the Florida street address of the registered agent are:

**RCG Accounting & Associates, Inc.
9000 Sheridan Street, Ste 138
Pembroke Pines, FL 33024**

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.

Deborah Rios (digital signature)

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Members/Managers

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

TECVAL SERVICES GROUP LLC.
9000 Sheridan Street, Ste 138
Pembroke Pines, FL 33024

MGR

GABRIEL VANORIO LEYBA
9000 Sheridan Street, Ste 138
Pembroke Pines, FL 33024

MGR

PASCUA CARLUCCI MILO
9000 Sheridan Street, Ste 138
Pembroke Pines, FL 33024

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ARTICLE V: EFFECTIVE DATE

The effective date of this filing is January 31, 2023

REQUIRED SIGNATURE:

Gabriel Vanorio Leyba

(digital 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.

GABRIEL VANORIO LEYBA

Typed or printed name of signee