

**L230000437163**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H230000437163)))



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

From:  
Account Name : EXPERTAX  
Account Number : I20200000010  
Phone : (407)777-7470  
Fax Number : (321)206-9743

**\*\*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.  
JJ SLINGSHOT RENTALS LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

7:11:39

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February 3, 2023

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

EXPERTAX

SUBJECT: JJ SLINGSHOT RENTALS LLC  
REF: W23000014755

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Genesis R Kersey  
OPS Clerk

FAX Aud. #: H23000043716  
Letter Number: 223A00002667

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## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: AJ SLINGSHOT RENTALS 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:

MIGUEL ANGEL LOPEZ SOTO

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

2178 BRILLANTE DR

\_\_\_\_\_  
Address

SAINT CLOUD, FL 34771

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

MIGUEL A. LOPEZ SOTO 321 315-0892

\_\_\_\_\_  
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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

AJ SLINGSHOT RENTALS LLC

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

**ARTICLE II - Address:**

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

Principal Office Address:2178 BRILLANTE DR  
SAINT CLOUD, FL 34771Mailing Address:2178 BRILLANTE DR  
SAINT CLOUD, FL 34771**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:

MIGUEL ANGEL LOPEZ SOLO

Name

2178 BRILLANTE DRFlorida street address (P.O. Box **NOT** acceptable)SAINT CLOUD FLORIDA 34771

City

State

Zip

*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.*

Miguel A. Lopez

Registered Agent's Signature (REQUIRED)

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**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:**

MGR

MIGUEL ANGEL LOPEZ SOTO  
 2178 BRILLANTE DR  
 SAINT CLOUD, FL 34771

MBR

JAZBLEDDY VIVIANA MACIAS  
 2178 BRILLANTE DR  
 SAINT CLOUD, FL 34771

(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:**

Miguel A Lopez

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.817.135, F.S.

MIGUEL ANGEL LOPEZ SOTO

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)

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