

2/10/23, 2:47 PM

Division of Corporations

L23000068536

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.**

((H230000546013)))



H2300005460134BCV

**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 : SOSME ACCOUNTING & TAX SERVICES LLC  
Account Number : 120200000102  
Phone : (954)998-1035  
Fax Number : (954)573-1480

**\*\*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.  
FRANCA GROUP LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 PM 1:20

FILED

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

To: 18506176281 From: 19545731480 Date: 02/13/23 Time: 7:49 PM Page: 02/06  
To: 19545731480 From: Anonymous Date: 02/13/23 Time: 5:47 PM Page: 01  
850-617-6381 2/13/2023 12:47:33 PM PAGE 1/001 Fax Server



February 13, 2023

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SOSME ACCOUNTING & TAX SERVICES

SUBJECT: FRANCA LLC  
REF: W23000019693

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.

The document number of the name conflict is L13000008670.

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

Carlos E Rico  
Supervisor  
New Filing Section

FAX Aud. #: H23000054601  
Letter Number: 523A00003445

FILED  
FEB 13 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: FRANCA GROUP 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

FRANKLIN JAVIER CIEZA GARCIA

Name of Person

FRANCA GROUP LLC

Firm/Company

6650 BRANCH ST

Address

HOLLYWOOD FL 33024

City/State and Zip Code

frank.lincieza071@gmail.com

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

For further information concerning this matter, please call.

FRANKLIN CIEZA

954

945-1300

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is

FRANCA GROUP 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:

Mailing Address:

6650 BRANCH ST  
HOLLYWOOD FL 33024

6650 BRANCH ST  
HOLLYWOOD FL 33024

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:

FRANKLIN JAVIER CIEZA GARCIA

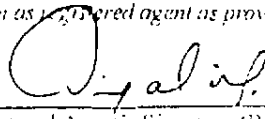
Name

6650 BRANCH ST

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

<u>HOLLYWOOD</u>	<u>FL</u>	<u>33024</u>
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.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMB" = Authorized Member

"MGR" = Manager

**Name and Address:**

MANAGER

FRANKLIN JAVIER CIEZA GARCIA

6650 BRANCH ST

HOLLYWOOD FL 33024

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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

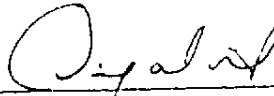
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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 §17.155, F.S.

FRANKLIN JAVIER CIEZA GARCIA

Typed or printed name of signer

**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)