

L23000136911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

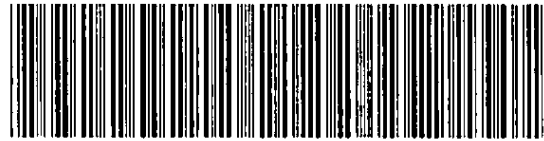
(Document Number)

and Copies _____

Certificates of Status _____

al Instructions to Filing Officer.

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TALLAHASSEE, FLORIDA

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OFFICE OF THE
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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

16741 SAN EDMUNDO RD LLC

Please Debit 120000000257 For: 125

Thank you Seth Neeley



- ___ 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 _____

Signature

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

**ARTICLES OF ORGANIZATION
OF
16741 SAN EDMUNDO RD LLC**

The undersigned does hereby subscribe to, acknowledge and file the following Articles of Organization for the purpose of creating a limited liability company under the laws of the State of Florida.

ARTICLE I - NAME

The name of this limited liability company shall be

16741 SAN EDMUNDO RD LLC

ARTICLE II - BUSINESS PURPOSE

The Company shall be authorized to transact any lawful business in the State of Florida or in the United States, including, but not limited to operation of a real estate investment business.

ARTICLE III - PRINCIPAL OFFICE

The mailing address and street address of the principal office of the limited liability company shall be 6013 Johnson Street, Hollywood, Florida 33024.

ARTICLE IV - REGISTERED OFFICE

The initial registered office of this limited liability company is 10081 Pines Blvd., Ste. C, Pembroke Pines, Florida 33024. The initial registered agent at that address is Arnold M. Straus, Jr.

ARTICLE V - MANAGEMENT

The limited liability company shall be manager-managed. There shall always be three managers. The name and address of each person authorized to manage and control the Limited Liability Company are:

<u>Title</u>	<u>Name and Address</u>
Manager	Domingo Garcia 6013 Johnson Street Hollywood, Florida 33024
Manager	Jose Quijano 6013 Johnson Street Hollywood, Florida 33024

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Manager

Jesus Garcia
6013 Johnson Street
Hollywood, Florida 33024

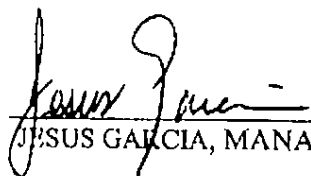
ARTICLE VI - EFFECTIVE DATE

This limited liability company shall commence its existence as of the filing of these Articles of Organization, and shall exist perpetually thereafter unless sooner dissolved.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on the 23 of March 2023.


DOMINGO GARCIA, MANAGER


JOSE QUIJANO, MANAGER


JESUS GARCIA, MANAGER

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SECRETARY OF STATE

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provision of section 605, Florida Statutes, the limited liability company referenced below submits the following statement in designating the registered office/registered agent, in the State of Florida.

FIRST – The name of the limited liability company is

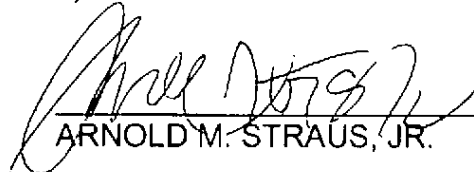
16741 SAN EDMUNDO RD LLC

SECOND – The name and address of the registered agent and office is:

ARNOLD M. STRAUS, JR.
10081 PINES BLVD., STE. C
PEMBROKE PINES, FLORIDA 33024

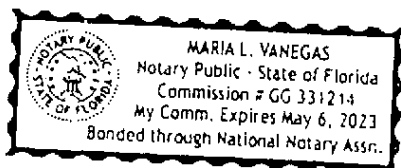
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provision of all 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.

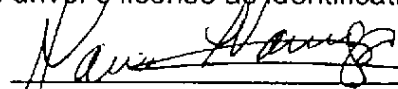
Dated as of this 23 day of March, 2023.


ARNOLD M. STRAUS, JR.

STATE OF FLORIDA)
 SS:
COUNTY OF BROWARD)

The foregoing instrument was acknowledged before me this 23 day of March, 2023, by means of physical presence by Arnold M. Straus, Jr., Esq., who is personally known to me or who produced driver's license as identification.




NOTARY PUBLIC, State of Florida
My Commission Expires:

Maria L. Vanegas

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BROWARD COUNTY