

L23000141511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

(Business Entity Name)

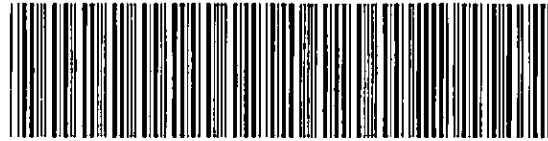
(Document Number)

Copies _____

Certificates of Status _____

Additional Instructions to Filing Officer:

Office Use Only



400405483454

FILED

2023 MAR 28 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03/29/23--01001--017 **125.00

RECEIVED

2023 MAR 28 PM 3:38

DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: SAROV SERVICES 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:

ALBALUCIA FOLEY - REGISTERED AGENT

Name of Person

FOLEY FORENSIC ACCOUNTING LLC

Firm/Company

4100 CORPORATE SQUARE STE 100

Address

NAPLES FL 34104

City/State and Zip Code

INFO@FOLEYFORENSICACCG.COM

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

For further information concerning this matter, please call:

ALBALUCIA FOLEY 239 300-6660

Name of Person at () 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:

SAROV SERVICES 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:

4100 CORPORATE SQUARE
STE 100
NAPLES FL 34104

Mailing Address:

4100 CORPORATE SQUARE
STE 100
NAPLES FL 34104

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:

FOLEY FORENSIC ACCOUNTING LLC

Name

4100 CORPORATE SQUARE STE 100

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

NAPLES FL 34104

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.

ALBALUCIA FOLEY

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2023 MAR 28 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

CAMILO ANDRES PEREZ ALARCON
4100 CORPORATE SQUARE STE 100
NAPLES FL 34104

AMBR

DENNIS JOHANNA RODRIGUEZ VERA
4100 CORPORATE SQUARE STE 100
NAPLES FL 34104

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 03/22/2022 (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.

ANY AND ALL LAWFUL BUSINESS.

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.

ALBALUCIA FOLEY - REGISTERED AGENT

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)