

L23000169260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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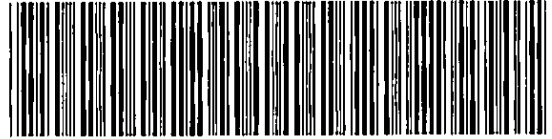
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: La Iglesia Se Va Inc
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:

Jorge J Montanez Castro
Name of Person

La Iglesia Se Va Inc
Firm/Company

2046 Cypress Bay Blvd
Address

Kissimmee FL 34743
City/State and Zip Code

laiglesiasevaministerio@gmail.com
E-mail address (to be used for future annual report notification)

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For further information concerning this matter, please call:

Jorge J. Montanez at (407) 310-3507
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:

La Iglesia Se va 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:

2046 Cypress Bay Blvd
Kissimmee FL 34793

Mailing Address:

2046 Cypress Bay Blvd
Kissimmee FL 34793

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:

Amisabel Reyes Perez

Name

2046 Cypress Bay Blvd

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

Kissimmee FL 34793

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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF CIRCUIT COURT
TALLAHASSEE, FL

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

Jorge J. Montanez Castro
2046 Cypress Bay Blvd Kissimmee
FL 34743

AMBR

Orlando A. Nieves Colon
2046 Cypress Bay Blvd Kissimmee
FL 34743

AMBR

Amisabel Reyes Perez
2046 Cypress Bay Blvd Kissimmee
FL 34743

AMBR

Mariely Montanez Castro
2046 Cypress Bay Blvd Kissimmee
FL 34743

(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.

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CLERK OF THE COURT
STATE
FLORIDA

REQUIRED SIGNATURE:

Jorge J. Montanez Castro

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.

Jorge J. Montanez Castro

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)

FLORIDA INDIVIDUAL ACKNOWLEDGMENT

F.S. 117.05(13)

State of Florida

County of

Osceola }

The foregoing instrument was acknowledged before me by means of

☒ Physical Presence,

— OR —

☐ Online Notarization

this 17 day of March, 2023 by

Large Montaney Castro
Name of Person Acknowledging

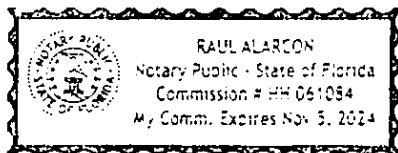
[Signature]
Signature of Notary Public — State of Florida

Raul Alarcon
Name of Notary Typed, Printed or Stamped

☐ Personally known

☒ Produced Identification

Type of Identification Produced: FLD



Place Notary Seal Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

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Title or Type of Document:

Personal letter

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3/17/2023

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Signer(s) Other Than Named Above:

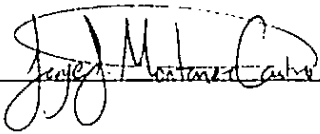
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ALLA SSEEILL
BY STATE

March 17, 2023

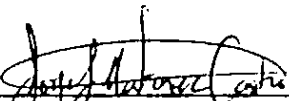
I, Jorge J. Montanez Castro authorize the use of the name
La Iglesia Se Va. N22000006166 is the document number. I
Jorge J. Montanez Castro authorize the use of name for the LLC
attached to this mail.

*  _____

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March 17, 2023

I, Jorge Montanez Castro authorize the use of the name La Iglesia Se Va. N22000006166 is the document number of the company that was dissolved. I, Jorge Montanez Castro authorized the use of the name for the LLC attached to this mail.


Signature

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