

**L2300226662**

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.

((H230001705783))



H230001705783ABCO

**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 : CAPITAL PRO SERVICES, LLC  
Account Number : I20220000008  
Phone : (772)249-5273  
Fax Number : (772)264-6100

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: robertoportela1010@gmail.com

RECEIVED  
2023 MAY -8 AM 8:01  
DIVISION OF CORPORATIONS  
COMMERCIAL  
SERVICES

**FLORIDA LIMITED LIABILITY CO.**

**LLL Power, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 MAY -8 PM 1:30

**FILED**

H23000170578 3

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: LLL POWER, 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:

ROBERTO L. PORTELA MOYA

Name of Person

LLL POWER, LLC

Firm/Company

10391 W 34 CT

Address

HALEAH, FL 33018

City/State and Zip Code

robertoportela1010@gmail.com

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

For further information concerning this matter, please call:

Madjoise Ramirez

772

249.5273

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

2023 MAY -8 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

H23000170578 3

H230001705783

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

L.L. POWER, 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:10391 W 34 COURT  
HALEAH, FL 33018Mailing Address:10391 W 34 COURT  
HALEAH, FL 33018

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

CAPITAL PRO SERVICES, LLC

Name

1972 SW CAMEO BLVDFlorida street address (P.O. Box NOT acceptable)PORT ST LUCIEFL34953

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)

FILED  
2023 MAY -8 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FL

H230001705783

H230001705783

**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

ROBERTO L. PORTELA MOYA

10391 W 34 CT

HALEAH, FL 33018

(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:***Roberto Portela*

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statute.  
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.

ROBERTO L. PORTELA MOYA

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)

2023 MAY -8 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED