

L23000236638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

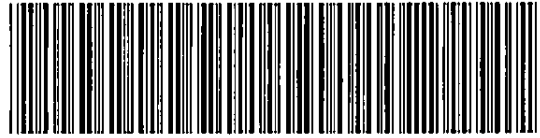
(Business Entity Name)

(Document Number)

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2023 APR 27 AM 4:37
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

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

3700 34th Street 302 LLC

SUBJECT: _____
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:

Josefina Ruiz

Name of Person

Josefina G Ruiz LLC

Firm/Company

1210 South Osceola Ave

Address

Orlando, FL 32806

City/State and Zip Code

soldbyjasig@gmail.com

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

For further information concerning this matter, please call:

Josefina Ruiz 407 770-7443

_____ at (_____) _____

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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DIVISION OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

3700 34th Street 302 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:

3700 34th Street

3700 34th Street

Suite 302

Suite 302

Orlando FL 32805

Orlando FL 32805

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:

Josefina G Ruiz LLC

Name

1210 S Osceola Ave

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

Orlando

FL

32806

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, and 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., FL.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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JUL 27 2023

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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

Josefina G Ruiz LLC
1210 South Osceola Ave
Orlando, FL 32806

AMBR

The Couvertie Group LLC
PO Box 772053
Orlando, FL 32877

MGR

Emmanuel Barrios PA
422 Ella Mae Dr
Davenport, FL 33897

MGR

Michael Cruz Irizarry
287 Lake Vista Dr
Aurisdale, FL 33823

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 04/20/2023 (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 s. 817.155, F.S.

Josefina G. Ruiz
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)

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