

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L23000270 753

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To: Division of Corporations
 Fax Number : (850)617-6381

From: Account Name : MARIA XIMENA MARTINEZ
 Account Number : 120220000054
 Phone : (786)571-4129
 Fax Number : (786)590-1744

FILED
 JUN 5 2023 11:09 AM
 SECRETARY OF STATE
 ALTHASSEE, FLORIDA

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
 PROPCLIF LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED
 2023 JUN -5 AM 8:22
 DIVISION OF CORPORATIONS
 COMMERCIAL
 SERVICES

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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:

MBR

SILVERLODE LLC

30 N GOULD ST STE R

SHERIDAN WY 82801

MGR

LAZARO CARABALLO GARCIA

6271 ST AUGUSTINE RD STE 24-1713

JACKSONVILLE FL 32217

MGR

ARNEL JUNCO PUMAR

6271 ST AUGUSTINE RD STE 24-1713

JACKSONVILLE FL 32217

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

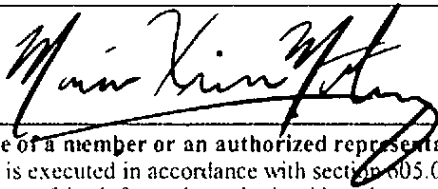
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

REAL ESTATE INVESTMENTS

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.

MARIA XIMENA MARTINEZ

Typed or printed name of signee

STATE OF FLORIDA
DEPARTMENT OF STATE
FILED
AM 11:09

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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PROPCLIF 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:

6271 ST AUGUSTINE RD STE 24-1713
JACKSONVILLE FL 32217

6271 ST AUGUSTINE RD STE 24-1713
JACKSONVILLE FL 32217

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.)

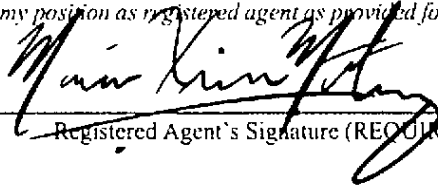
The name and the Florida street address of the registered agent are:

MARTINEZ, MARIA XIMENA
Name

10810 BOYETTE RD STE 2280
Florida street address (P.O. Box **NOT** acceptable)

RIVERVIEW FL 33568
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)

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PROPCLIF 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:

MARIA XIMENA MARTINEZ

Name of Person

MODERN SOLUTIONS GROUP

Firm/Company

10810 BOYETTE RD STE 2280

Address

RIVERVIEW, FL 33568

City/State and Zip Code

INFO@MODERNSOLUTIONSGROUP.NET

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

For further information concerning this matter, please call:

MARIA XIMENA MARTINEZ at (786) 571-4129
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

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