# Florida Department of State

**Division of Corporations** Electronic Filing Cover Sheet

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(((H23000203561 3)))



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To:

Division of Corporations

Fax Number : (850)617~6381

From:

Account Name : MARIA XIMENA MARTINEZ

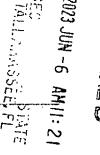
Account Number: I20220000054 Phone : (786)571-4129 Fax Number : (786)590-1744

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

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## FLORIDA LIMITED LIABILITY CO. LOS VEJIGANTES LLC

Certificate of Status	0
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Help

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#### COVER LETTER

	New Filing Sec Division of Co							
SUBJEC'	T:	LC	S VE	JIGANTE	ES LLC			
00000	••	Name o	f Limit	ed Liabili	ty Company			
The enclo	sed Articles of	Organization and fee(	s) are s	ubmitted	for filing.			
Please reti	um all corresp	ondence concerning th	is matte	er to the f	ollowing:			
			MARIA	A XIMEN	A MARTINEZ			
				Name of	Person			
	MODERN SOLUTIONS GROUP							
				Firm/Co	mpany			
		10	810 B0		RD STE 2280			
				Addre	255			
		···-			7, FL 33568			
		INFO@M			d Zip Code TIONSGROUP.NET			
		E-mail address: (to be	used fo	r future a	nnual report notificatio	n)	<del> </del>	
For further	information co	ncerning this matter, p	lease c	all:				
	MARIA XIM	ENA MARTINEZ _a	t (	786	571-4129			
	Nam	ne of Person	Area	Code	Daytime Telephone	Number		
Enclosed i	is a check for t	he following amount:						
₩\$125.00	O Filing Fee	□\$130.00 Filing Fo Certificate of Status	S	Certific	5.00 Filing Fee & ed Copy al copy is enclosed)	S160.00 I Certificate of Certified Co (additional co	of Status & opy  nu is anologid)	
	New F Division P.O. B	ng Address illing Section on of Corporations lox 6327 assee, FL 32314			Street Address New Filing Section Div The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303	see , Suite 810	023 JUN -6 AMII: 21	

### (((H23000203561 3)))

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compar	ny is:		
LOS VEJIGANTES LLC	and to Seria of Link	iiC	N. I.C. Washington
(Must contain the wo	ords "Linuted Liab	ility Compa	ny, "L.L.C" or "LLC.")
ARTICLE II - Address: The mailing address and street address of	the principal office	of the Limi	ited Liability Company is:
Principal Office	Address:		Mailing Address:
6393 HOFFNER AVE		6	393 HOFFNER AVE
ORLANDO FL 32822		_ 0	RLANDO FL 32822
(The Limited Liability Company cannot se another business entity with an active Flor The name and the Florida street address of	rida registration.)		nt. You must designate an individual or
	-		
TAYLO	R OLIVIA GONZAI		
	N	ıme	
6393 H	OFFNER AVE		
Florida	street address (P.	O. Box <u><b>NO</b></u>	T acceptable)
ORLANI	00	FL	32822
	City	State	Zip
to in the constant of the second of the second		<i>c</i>	the above stated limited liability common at

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)



## $(((\underline{\text{H23000203561 3}})))$

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = A		Name and Address:	
_	uthorized Member		
'MGR" = Ma	nager		
MGR	TAYL	OR OLIVIA GONZALEZ	
-		HOFFNER AVE	
	OALA	ANDO FL 32822	
		<del></del>	
			-
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