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COVER LETTER

TO:	Registration Section Division of Corporations				
CHDIE	EDUARDO GARCIA ASSOCIATES, LLC				
Name of Limited Liability Company					
The end	closed Articles of Organization and fee(s) are submitted for filing.				
Please	return all correspondence concerning this matter to the following:				
	EDUARDO GARCIA				
	Name of Person				
	EDUARDO GARCIA ASSOCIATES, LLC				
	Firm/Company				
	8181 SW 118 COURT				
	Address				
	MIAMI FL 33183				
	City/State and Zip Code				
	egarcia3415@gmail.com E-mail address: (to be used for future annual report notification)				
For furth	ner information concerning this matter, please call:				
	EDUARDO GARCIA 786 280-5531				
	Name of Person Area Code Daytime Telephone Number				
Enclose	ed is a check for the following amount:				
\$ 125.0	S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate Copy (additional copy enclosed)				
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division of Corporations Clifton Building Tallahassee, FL 32314 Tallahassee, FL 32301				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability	ty Company is:					
	A ASSOCIATES, LLC					
(Must end	with the words "Limited	I Liability Con	npany, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street a	ddann a Ctha ani nai n al a	elias of the Liv	mitud Liability Company ic			
the maining address and street a	duress of the principal o	inice of the Lii	inited Liability Company is.			
Principal Office Address:			Mailing Address:			
8181 SW 118 COURT			8181 SW 118 COURT			
MIAMI FL 33183			MIAMI FL 33183			
						
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as its own active Florida registration	Registered Agon.) d agent are:	gent. You must designate an individual or			
	8181 SW 118 COU	RT				
	Florida street address (P.O. Box NOT acceptable)					
	MIAMI	FL	33183			
	City	FL State	33183 Zip			
place designated in this certificate further agree to comply with the pl	I hereby accept the app rovisions of all statutes r oligations of my position	ointment as reg elating to the p as registered a	for the above stated limited liability company at the gistered agent and agree to act in this capacity. I roper and complete performance of my duties, and gent as provided for in Chapter 605, F.S			

(CONTINUED)

Page 1 of 2

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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.

EDUARDO GARCIA

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)

REQUIRED SIGNATURE: A

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SEC: UF STATE
TALL AHASSEF, FI