

**L23000301415**

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.**

((H23000223121 3)))



H230002231213ABCQ

**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 : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

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

Email Address: \_\_\_\_\_

RECEIVED

2023 JUN 22 PM 2:12

CORPORATIONS  
COMMERCIAL  
SERVICES

**FLORIDA LIMITED LIABILITY CO.  
1186 LAKE TERRY DR UNIT O LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2023 JUN 22 PM 4:16

Electronic Filing Menu

Corporate Filing Menu

Help

DocuSign Envelope ID: 27A54F85-62F4-4549-8960-F1D98647469B

**COVER LETTER**

H23000223121

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

1186 Lake Terry Dr Unit O 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:

**Dhafne Valencia**

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

15106 97<sup>th</sup>rd n

\_\_\_\_\_  
Address

West Palm Beach, FL 33412

\_\_\_\_\_  
City/State and Zip Code  
dhafne2011@gmail.com

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

For further information concerning this matter, please call:

**Dhafne Valencia**

at (305)

417-0256

\_\_\_\_\_  
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 JUN 21 PM 4:16  
RECEIVED

H23000223121

DocuSign Envelope ID: 27A54F85-62F4-4549-8960-F1D9B847469B

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

H23000223121

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

1186 Lake Terry Dr Unit 0 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:**15106 97th Rd N  
West Palm Beach, FL 3341215106 97th Rd N  
West Palm Beach, FL 33412**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:

Dhafne Valencia

Name

15106 97thrd n

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

West Palm Beach, FL 33412

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.*

Designated by:



Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 JUN 22 PM 4:16  
11/06/2023

H23000223121

DocuSign Envelope ID: 27A54F85-62F4-4549-8960-F1D98847469B

H23000223121

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager  
Member/Manager**Name and Address:**

Dhafne Valencia

15106 97th Rd N

West Palm Beach, FL 33412

Member/Manager

Misael Daniel Arevalo


15106 97th Rd N

West Palm Beach, FL 33412

(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:**DocuSigned by:  
  
04E03C1D47E2441...

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.

Dhafne Valencia

\_\_\_\_\_  
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 JUN 22 PM 4:16  
FILED  
CLERK OF COURT  
JULY 10 2023

H23000223121