

6/26/23, 9:49 AM

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

# L23000305965

**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.

(((H23000225929 3)))



H230002259293ABC1

**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 : INTERSTATE FILINGS LLC  
 Account Number : 120110000086  
 Phone : (718)569-2703  
 Fax Number : (718)504-7890

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

Email Address: CONTACT@INTERSTATEFILINGS.COM

**FLORIDA LIMITED LIABILITY CO.  
 716 EAST AVENUE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED

2023 JUN 26 PM 2:34

CORPORATIONS  
COMMERCIAL  
FILINGSTATE OF FLORIDA  
TALLAHASSEE, FL

2023 JUN 26 PM 2:50

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

(((H23000225929 3)))

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

716 EAST AVENUE, LLC

(Must end with 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:16106 BIRCHWOOD WAY  
ORLANDO, FL 3283816106 BIRCHWOOD WAY  
ORLANDO, FL 32838

## ARTICLE III - Registered Agent, Registered Office,

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:

FRANCISCO DECARVALHO

Name

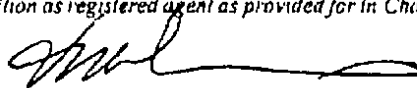
16106 BIRCHWOOD WAYFlorida street address (P.O. Box **NOT** acceptable)ORLANDOFL32838

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 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)

Page 1 of 2

STATE  
TALLAHASSEE, FL

2023 JUN 26 PM 2:50

FILED

(((H23000225929 3)))

(((H23000225929 3)))

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR**Name and Address:**FRANCISCO DECARVALHO16106 BIRCHWOOD WAYORLANDO, FL 32838

(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:****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.FRANCISCO DECARVALHO

Typed or printed name of signer

(((H23000225929 3)))

DEPT OF STATE  
TALLAHASSEE, FL

2023 JUN 26 PM 2:50

FILED