

L23000332624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

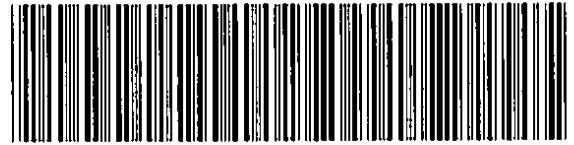
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED

2023 JUL 13 AM 1:05

SECRETARY OF STATE
TALLAHASSEE, FL

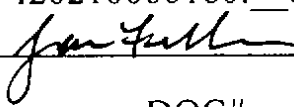
RECEIVED

2023 JUL 11 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: I20210000160: \$125.00

Authorization Signature: 

Laurent's Properties LLC

BUSINESS

DOC#

☐ **Certified Copy of Articles**

☐ **Certificate of Status**

NEW FILINGS

- ☐ Profit Corp
- ☐ Not for Profit
- ☐ Officer/Director
- ☒ Limited Liability
- ☐ Domestication
- ☐ Other
- ☐ **CORP**
- ☐ **LLLP**

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A. or member
- ☐ Dissolution
- ☐ Change of Registered Agent
- ☐ Revocation of Dissolution
- ☐ Merger
- ☐ **Conversion**
- ☐ **Amended and restated Articles**
- ☐ **Statement of Authority**

OTHER FILINGS

- ☐ **Trademark**
- ☐ Annual Report
- ☐ Fictitious Name
- ☐ APOSTILLE
- ☐ Country

REGISTRATION/QUALIFICATIONS

- ☐ Foreign filing
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Other

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 12, 2023

FLORIDA CAPITAL COURIER SERVICES, INC

SUBJECT: LAURENT'S PROPERTIES LLC
Ref. Number: W23000095554

We have received your document for LAURENT'S PROPERTIES LLC. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L21000109186.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Karen Lovelace
Regulatory Specialist II

Letter Number: 823A00015441

RECEIVED
2023 JUL 14 PM 3:12
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Laurent's Property Group 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:

ARMANDO NODA

Name of Person

ARM CONSULTING & CO INC

Firm/Company

3475 SHERIDAN ST SUITE 313

Address

HOLLYWOOD, FL 33021

City/State and Zip Code

ARMCONSULTING@YMAIL.COM

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

For further information concerning this matter, please call:

ARMANDO NODA	954	6238800
at ()		
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Laurent's Property Group 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:

6275 Sand lake vista dr APT 3221

ORLANDO, FL 32819

Mailing Address:

6275 Sand lake vista dr APT 3221

ORLANDO, FL 32819

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:

ARM CONSULTING & CO INC

Name

3475 SHERIDAN ST SUITE 313

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

HOLLYWOOD

FL

33021

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..

Armando Noda

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

MGR

FIDOLINO S LAUREANO JACHA

6275 Sand lake vista dr APT 3221

ORLANDO, FL 32819

MGR

LUCY H. ORE RONDON

6275 Sand lake vista dr APT 3221

ORLANDO, FL 32819

MGR

JACQUELINE L. LAUREANO ORE

6275 Sand lake vista dr APT 3221

ORLANDO, FL 32819

(Use attachment if necessary)

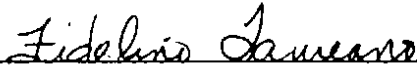
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

FIDOLINO LAUREANO

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)