

7/22/23, 10:41 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
137 Floral LLC

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

RECEIVED

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

TALLAHASSEE, FLORIDA

2023 JUL 20 AM 6:25

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

137 Floral 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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>137 Floral Ct</u>	<u>3196 Santa Cruz Dr</u>
<u>Kissimmee FL 34743</u>	<u>Kissimmee FL 34746</u>

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:

Luis Cruz

Name

3196 Santa Cruz Dr

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

<u>Kissimmee</u>	<u>FL</u>	<u>34746</u>
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..

DocuSigned by:

Luis Cruz

00460700FB7E4CF Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DocuSign Envelope ID: 80DCE3C8-EA80-43AF-BAEF-BF6804B3D700

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" - Authorized Member

"MGR" - Manager

MGR

LUIS CRUZ
3196 Santa Cruz Dr
KISSIMMEE FL 34746

MGR

MERCEDES ROMAN
3196 Santa Cruz Dr
KISSIMMEE FL 34746

MGR

MERALIS CRUZ
3196 Santa Cruz Dr
KISSIMMEE FL 34746

MGR

LUIS CRUZ ROMAN
3196 Santa Cruz Dr
KISSIMMEE FL 34746

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 07/17/2023 (OPTIONAL)

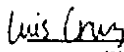
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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:



0045078915

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.

LUIS CRUZ

Typed or printed name of signer

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)