

7/28/23, 3:12 PM

Division of Corporations

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.

(((H23000263743 3)))



H23000263743ABC/

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: _____

FLORIDA LIMITED LIABILITY CO. 3813 SPIRITED CIRCLE LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

2023 JUL 28 PM 3:47

RECEIVED

2023 JUL 28 AM 10:06

CLERK OF STATE
TALLAHASSEE, FL

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

DocuSign Envelope ID: 3AAB58CC-4689-4206-938A-7A82489986F6

H23000263743 3

COVER LETTER

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

SUBJECT: 3813 Spirited Circle 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:

Nancy Ramirez

Name of Person

Firm/Company

5640 NW 115th Ct Apt 202

Address

Miami, FL 33178

City/State and Zip Code

Rosario_nancy@hotmail.com

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

For further information concerning this matter, please call:

Nancy Ramirez	829	961-7100
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

<input 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

SECRETARY OF STATE
TALLAHASSEE, FL

2023 JUL 28 AM 10:06

FILED

H23000263743 3

DocuSign Envelope ID: 3AAB58CC-4689-4206-938A-7AB2489966F6

H23000263743 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

3813 Spirited Circle 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:5640 NW 115th CtApt 202Miami, FL 33178**Mailing Address:**5640 NW 115th CtApt 202Miami, FL 33178**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:

Nancy Ramirez

Name

5640 NW 115th Ct Apt 202Florida street address (P.O. Box **NOT** acceptable)MiamiFL33178

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:

NANCY RAMIREZ

ABFF5109CC2A77...

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 JUL 28 AM 10:06
 SECRETARY OF STATE
 TALLAHASSEE, FL

FILED

H23000263743 3

DocuSign Envelope ID: 3AAB58CC-4689-42C6-938A-7AB2489966F6

H23000263743 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

Name and Address:**Member/Manager**

Nancy Ramirez

5640 NW 115th Ct Apt 202

Miami, FL 33178

(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:

NANCY RAMIREZ

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.

Nancy Ramirez

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)

SECRETARY OF STATE
TAMARA HASSER, FL

2023 JUL 28 AM 10:06

FILED

H23000263743 3