

L 23000379539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

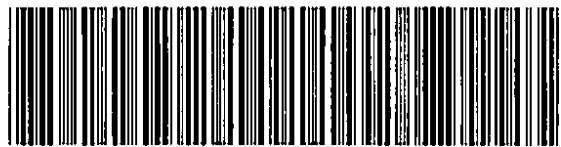
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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2023 AUG 11 PM 1:44  
DIRECTOR'S OFFICE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
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2023 AUG 11 PM 12:55  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

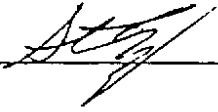
# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

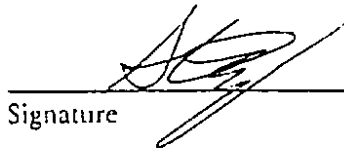
16485 COLLINS AVE 2032 LLC

Please Debit FCA000000003 For: 125

Thank you Seth Neeley



- \_\_\_ Art of Inc. File \_\_\_\_\_
- \_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_ Foreign Corp. File \_\_\_\_\_
- \_\_\_ L.C. File \_\_\_\_\_
- \_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_ Merger File \_\_\_\_\_
- \_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- \_\_\_ Cert. Copy \_\_\_\_\_
- \_\_\_ Photo Copy \_\_\_\_\_
- \_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_ Officer Search \_\_\_\_\_
- \_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_ Driving Record \_\_\_\_\_
- \_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_ Courier \_\_\_\_\_

  
Signature

Requested by:

Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

# **ARTICLES OF ORGANIZATION**

## **FOR**

### **16485 COLLINS AVE 2032 LLC**

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

#### **ARTICLE I: NAME**

The name of the Limited Liability Company is: **16485 COLLINS AVE 2032 LLC**

#### **ARTICLE II: PRINCIPAL OFFICE**

The principal office of the Limited Liability Company is:

**18830 SW 25th Ct  
Miramar, FL 33029**

The mailing address of the Limited Liability Company is:

**18830 SW 25th Ct  
Miramar, FL 33029**

#### **ARTICLE III: PURPOSE**

Any and all legal business.

**FILED**  
**2023 AUG 11 PM 12:56**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

**Jaime E. Munoz**  
18830 SW 25th Ct  
Miramar, FL 33029

## **ARTICLE V: AUTHORIZED MEMBER AND OR MANAGER**

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

**Jaime E. Munoz, Manager**  
18830 SW 25th Ct  
Miramar, FL 33029

**Beatriz Eugenia Munoz Reyes, Manager**  
365 Brookdale Blvd  
Williamstown, NJ 08094

The undersigned has executed these Articles of Organization for filing purposes this 9th day of August 2023.

/S/ Jaime E. Munoz, as Authorized Representative for 16485 COLLINS AVE 2032 LLC

\_\_\_\_\_  
Authorized Representative

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2023 AUG 11 PM 12:56  
STATE OF FLORIDA  
TALLAHASSEE, FL

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of the Florida Statutes, the mentioned Limited Liability Company, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the Limited Liability Company is:

**16485 COLLINS AVE 2032 LLC**

2. The name and street address of the registered agent and office is:

**Jaime E. Munoz**

18830 SW 25th Ct  
Miramar, FL 33029

HAVE 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.

**/S/ Jaime E. Munoz**

\_\_\_\_\_  
**Jaime E. Munoz, Registered Agent**