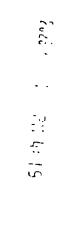
# L 23000387565

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	y Mait	MAIL
<del></del>	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	





700413695577





### Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 08/17/2023			**WALK IN**
ENTITY NAME A-1 Elac	lio Sod, LLC		
DOCUMENT NUMBER_			
	**PLEASE FILE THE	FATTACHED AND RETURN**	
xxxxxxx	Plain Copy		
	Certified Copy		
	Certificate of Status		
	Certified Copy of Arts	LLOWING FOR THE ABOVE ENTITY** & Amendments	
	Certificate of Good Stan	ding 	
	**APOSTILLE' / NO	OTARIAL CERTIFICATION**	
COUNTRY OF DESTINAT	TON		
NUMBER OF CERTIFICAT	TES REQUESTED		
TOTAL OWED \$125		ACCOUNT #:  201600000	72
		E 8 FM	

#### **COVER LETTER**

TO:	New Filing Sec Division of Cor				
SUBJE	A-I Eladio	Sod, LLC			
30 <b>03</b> E	CI	Name of L	imited Liabil	ity Company	<del></del>
The end	losed Articles of	Organization and fee(s) a	are submitted	for filing.	
Please r	eturn all correspo	ondence concerning this n	natter to the	following:	
	Sandra Torro	<b>:</b> S			
	<u>-</u> -		Name of	Person	_
	CPA Tax So	lutions, LLC			
		-	Firm/Co	mpany	
	500 NW 6th	Street			
			Addr	ess	
	Okcechobee,	, FL 34972			
			City/State an	d Zip Code	
		xsolutions.net			
	E	E-mail address: (to be use	d for future a	innual report notificat	ion)
For furthe	r information co	ncerning this matter, pleas	se call:		
	Sandra Torres	s 8 at (	363	357-10 <del>9</del> 9	
	Nam		Area Code	Daytime Telephon	e Number
Enclose	d is a check for th	he following amount:			
■\$125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy at copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
				a	

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:	
A-1 Eladio Sod, LLC	
(Must contain the words "Limited Liabil	hity Company "L. I. C. " or "LI C.")
The state of the s	ony company, tataon, or tate, y
ARTICLE II - Address:	
The mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
The state of the s	Maning Address.
3201 NW 37th Avenue	3201 NW 37th Avenue
Okeechobee, FL 34972	Okeechobee, FL 34972
ADTICLE III. D. C. A. L. C. D. A. C. D. C. C.	
ARTICLE III - Registered Agent, Registered Office, & Re	gistered Agent's Signature:
(The Limited Liability Company cannot serve as its own Regis another business entity with an active Florida registration.)	stered Agent. You must designate an individual or
another business entity with all active Florida registration.	
The name and the Florida street address of the registered agen	t are:
Eladio Santibanez-Palacios	;
Nan	ie
3201 NW 37th Avenue	
Florida street address (P.C	. Box NOT acceptable)

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.

City

Registered Agent's Signature (REQUIRED)

(CONTINUED)

#### ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	Eladio Santibanez-Palacios 3201 NW 37th Avenue Okeechobee, FL 34972	<del>-</del>
AMBR	Alciandro Bucio Gutierrez 7701 Golden Citrus Rd Saint Cloud, FL 34773	_ _ _
		_ _ _
		<del>-</del> -
(Use attachment if necessary)		
	specific and cannot be more than five business days prior to or 90 at meet the applicable statutory filing requirements, this date will not not of State's records.	
REOUIRED SIGNATURE:		
Eladio-SunTil	earez - Pellipicies	
This document is executed a management and the second and the seco	nember or an authorized representative of a member, atted in accordance with section 605.0203 (1) (b). Florida Statutes, see information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.	
Eladio Santiban		
	Typed or printed name of signee	
\$125.00 Filing Fee for Articles of O	Filing Fers: rganization and Designation of Registered Agent	
5 Solin Certified Copy (Optional)	· · · · · · · · · · · · · · · · · · ·	63
\$ 5.00 Certificate of Status (Option	nal)	2833

as