

L23000390/36

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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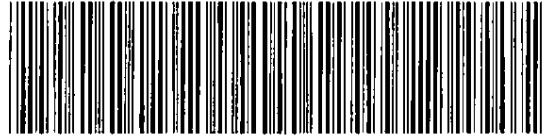
(Business Entity Name)

(Document Number)

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TREASURER, FL

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COVER LETTER

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

SUBJECT: Estate & Legacy Planning, 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:

Dr. Daisy Galindo-Ciocon, PhD. RN

Name of Person

Estate & Legacy Planning, LLC

Firm/Company

812 Crestview Circle

Address

Weston, Florida 33327

City/State and Zip Code

ciocond@aol.com

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

For further information concerning this matter, please call:

Dr. Daisy Galindo-Ciocon, PhD. 954 600 2127
Name of Person at Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$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

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STATE OF FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Estate & Legacy Planning, 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:

812 Crestview Circle

Weston, Florida 33327

Mailing Address:

812 Crestview Circle

Weston, Florida 33327

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:

Dr. Daisy Galindo-Ciocon, PhD, RN

Name

812 Crestview Circle

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

Weston

FL

33327

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..

Daisy G Ciocon

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL

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

AMBR

Dr. Linda Simunek, RN, PhD, ND, Esq
6101 Palm Trace Landing Drive Apt 117
Davie, Florida 33314

AMBR

Dr. Daisy Galindo-Ciocon, PhD, RN
812 Crestview Circle
Weston, Florida 33327

MGR

Chaplain Jerry O. Ciocon
812 Crestview Circle
Weston, Florida 33327

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: August 1, 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.

Ownership of the 3 members is 33.3% each. The treasurer has the authority to set up the bank account,
make deposits and distribute gain as agreed upon in meeting minutes.

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.

Dr. Daisy Galindo-Ciocon, PhD, RN

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)

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