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Division of Corporations

Florida Department of State
Division of Corporations
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((H23000325600 3)))



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

From:
Account Name : MJD ACCOUNTING SERVICES CORP
Account Number : I20220000156
Phone : (954)471-5645
Fax Number : (305)356-3688

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.
LIVINGSPLACE RENTALS LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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TALLAHASSEE, FL
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2023 SEP 20 PM 4:45

ARTICLE I - Name:

The name of the Limited Liability Company is:

LIVINGSPACE RENTALS LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

COUNTY OF STATE
TALLAHASSEE, FL

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

343 BURLEIGH STREET
ORLANDO FL 32824

Mailing Address:

343 BURLEIGH STREET
ORLANDO FL 32824

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:

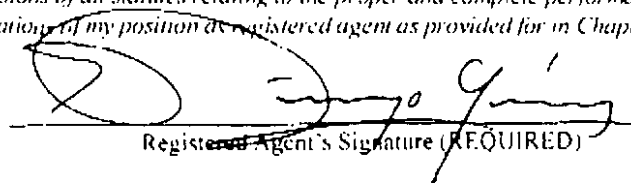
DIEGO ARMANDO GOMEZ SOTO
Name

343 BURLEIGH STREET

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

<u>ORLANDO</u>	<u>FL</u>	<u>32824</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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

DIEGO ARMANDO GOMEZ SOTO

343 BURLEIGH STREET

ORLANDO FL 32824

MGR

LAURA VICTORIA GARCIA BRITO

343 BURLEIGH STREET

ORLANDO FL 32824

(Use attachment if necessary)

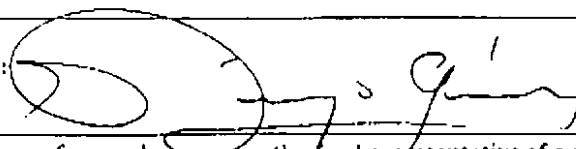
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



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.

DIEGO ARMANDO GOMEZ SOTO

Typed or printed name of signer

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