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2023-09-22 17:17:56 GMT

18132001050

From: John Gurba

9/22/23, 11:53 AM

# Division of Corporations

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Fax Number : (850)617-6381

From:

Account Name : COURTACCESS CENTERS, LLC

Account Number : 075350000541 Phone : (813)875-1333 Fax Number : (813)200-1050

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: jack@myjaxcpa.com

FLORIDA LIMITED LIABILITY CO.

# Fino al Cielo, LLC

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To:

18132001050

# Audit #1123000334389 ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE 1

## Name and Address

The name of this Limited Liability Company is:

Fino al Cielo, LLC

The mailing address and street address of the Limited Liability Company are:

3620 Holly Grove Ave. Jacksonville, FL 32217

## ARTICLE II Term of Existence

This Limited Liability Company shall have perpetual existence, commencing upon the date of filing of these Articles with the Florida Department of State.

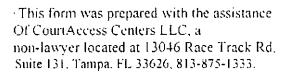
## ARTICLE III Purpose and Powers

This Limited Liability Company is organized for the purpose of transacting any and all lawful business for which a Limited Liability Company may be organized under the laws of the State of Florida.

# ARTICLE IV

# Powers

The Limited Liability Company shall have the powers granted to a Limited Liability Company under the laws of the State of Florida.



From: John Gurba

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## Audit # 1123000334389

# ARTICLE V Initial Registered Office and Agent

The street address of the initial registered office of this Limited Liability Company is:

3620 Holly Grove Ave. Jacksonville, FL 32217

and the name of its registered agent at such address is:

John Robert Leone

ARTICLE VI Management

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

## Name and Address

John Robert Leone, Authorized Member 3620 Holly Grove Ave. Jacksonville, FL 32217

	OocuBignea by:
Dated: Friday, September 22, 2023	John Robert Leone
	John Robert Leone, Authorized 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.

To:

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## Audit # H23000334389

## ACCEPTANCE BY REGISTERED AGENT

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..

Date: September 22, 2023

John Robert Leone

John Robert Leone