

H2300034553 3

**L23000462559**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H2300034553 3)))



H23000345533ABC/

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : EXPERTAX  
Account Number : 120200000010  
Phone : (407)777-7470  
Fax Number : (321)206-9743

*Handwritten:* J.A. 10/3/23

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

Email Address: \_\_\_\_\_

RECEIVED  
2023 OCT -2 PM 4:16  
CORPORATION  
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.  
SAINT CLOUD EXPRESS LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

2023 OCT -2 AM 11:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

Electronic Filing Menu

Corporate Filing Menu

Help

H2300034553 3

H23000 345553 3

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: SAINT CLOUD EXPRESS 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:

JOSE R. CAMACHO MENDOZA

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

401 WHISTLING DUCK TRAIL

\_\_\_\_\_  
Address

SAINT CLOUD, FL 34771

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

JOSE R. CAMACHO MENDOZA	407	433-1442
_____ Name of Person	_____ Area Code	_____ Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$125.00 Filing Fee	<input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$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

H23000 345553 3

H2300034555 3 3

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

SAINT CLOUD EXPRESS 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:Mailing Address:1041 EXCHANGE PLACE, UNIT 108  
SAINT CLOUD, FL 347691041 EXCHANGE PLACE, UNIT 108  
SAINT CLOUD, FL 34769

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

JOSE R. CAMACHO MENDOZA

Name

401 WHISTLING DUCK TRAILFlorida street address (P.O. Box **NOT** acceptable)

<u>SAINT CLOUD</u>	<u>FLORIDA</u>	<u>34771</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..

Jose R Camacho

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

2023 OCT -2 AM 11:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H2300034555 3 3

H23000345553 3

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**MGRJOSE R. CAMACHO MENDOZA  
401 WHISTLING DUCK TRAIL  
SAINT CLOUD, FL 34771MGRRAUL NARVAEZ SALGADO  
1831 FLOURISH AV  
KISSIMMEE, FL 34744

(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.

JOSE R. CAMACHO MENDOZA

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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2023 OCT -2 AM 11:39

FILED

H23000345553 3