

L130004685503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

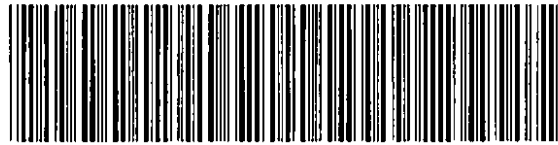
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Islands II, 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:

Carlos E. Barrera
Name of Person

Firm/Company

13090 VISTA ISLES DRIVE, UNIT # 115
Address

SUNRISE, FL 33325
City/State and Zip Code

carbarral@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos Barrera at (786) 877-4774
Name of Person 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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TALLAHASSEE, FL
DIVISION OF STATE

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Islands II, 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:

5014 Florence Dr.
Ave Maria
FL 34142

Mailing Address:

5014 Florence Dr
Ave Maria
FL 34142

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:

Laura J. Ballera D.

Name

5014 Florence Dr.

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

Ave Maria FL 34142

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..

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

Name and Address:

CARLOS E. BARRERA

5014 FLORENCE DR

AVE MARIA, FL 34142

OLGA C. ORTEGA - DIAZ

5014 FLORENCE DR

AVE MARIA, FL 34142

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 9.05.23 (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.

CARLOS E BARRERA

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
TREASURER
AHASSEE, FL

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Laura Barrera Ortega

5014 Florence Dr. * Ave Maria, FL 34142 * 786-877-4774

September 22, 2023

New Filing Section
c/o Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Ref: The registration of 3 LLCs: Sun Places5, LLC; Exit Styles, LLC; and Islands11, LLC.

TO WHOM IT MAY CONCERN:

The attached documents are submitted for the registration of three LLC's with your department.

The following documents are attached:

- The Application(s)
- The Articles of Organization(s)
- The name requested for the new LLC(s)
- The names/addresses of the Managers of the new LLC(s)
- The name and signature of the Registered Agent
 - An enclosed check for \$160 for each application, which is to cover the \$125 filing fee, the \$30 Certified Copy, and the \$5 Certificate of Status.

Please contact me if further information is required.

Sincerely,

Laura Barrera Ortega
Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FL

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