

L23000489493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



600414461586

S. CHATHAM
OCT 30 2023

10:01 PM 12/27/23

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Polaco Solutions LLC

Please Debit FCA000000003 For: 125

Thank you Seth Neeley



Signature

Requested by: SETH

Name

Date

Time

Walk-In

Will Pick Up

174 Penders Printing - Tallahassee, FL 32301

___ Art of Inc. File _____
___ LTD Partnership File _____
___ Foreign Corp. File _____
___ L.C. File _____
___ Fictitious Name File _____
___ Trade/Service Mark _____
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___ Art. of Amend. File _____
___ RA Resignation _____
___ Dissolution / Withdrawal _____
___ Annual Report / Reinstatement _____
___ Cert. Copy _____
___ Photo Copy _____
___ Certificate of Good Standing _____
___ Certificate of Status _____
___ Certificate of Fictitious Name _____
___ Corp Record Search _____
___ Officer Search _____
___ Fictitious Search _____
___ Fictitious Owner Search _____
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___ UCC 1 or 3 File _____
___ UCC 11 Search _____
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___ Courier _____

COVER LETTER

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

SUBJECT: Polaco Solutions

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:

Yuri Ricardo Polchlopek Zapateiro

Name of Person

Yuri R Polchlopek Z.

Firm/Company

3730 NW Pine Island Road Apto 137

Address

Sunrise/ FL 33351

City/State and Zip Code

yuripolchlopek@hotmail.com

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

For further information concerning this matter, please call:

Yuri Polchlopek

I

954 2897809

at (_____) _____

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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Polaco Solutions, 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:

3720 NW Pine Island Road Apto 137

Sunrise FL 33351

Mailing Address:

3720 NW Pine Island Road Apto 137

Sunrise FL 33351

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:

Yuri Ricardo Polchlopek Zapateiro

Name

3720 NW Pine Island Road Apto 137

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

Sunrise

FL

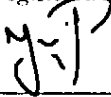
33351

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)

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

Name and Address:

Yuri Ricardo Polchlopek Zapateiro

3720 NW Pine Island Rd #137

Sunrise, FL 33351

AMBR

Rossana Gomez Rivera

3720 NW Pine Island Rd #137

Sunrise, FL 33351

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 26/10/2023, (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.

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.

Yuri R Polchlopek Z.

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)