

L23000496592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

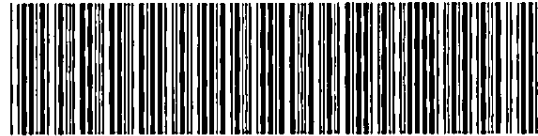
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED  
2023 NOV -2 PM 4:09  
DIVISION OF  
TALLAHASSEE, FLORIDA

2023 - - - - - FRI 3:51



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations  
From: Eyliena Baker  
Ext: 61594  
Date: 11/02/23  
Order #: 1305854-1  
Re: 174 CARICA ROAD, LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$155.00 - FL State Account Number:

I20000000195

auth

A handwritten signature in black ink, appearing to read 'Eyliena Baker', is written over the word 'auth'.

Please take the following action:

File in your office on basis

Issue Proof of Filing

Issue Certified Copy

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**COVER LETTER**

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

**SUBJECT:** 174 Carica Road, 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:

Brian A. Cordero

Name of Person

Woods, Weidenmiller, Michetti & Rudnick, LLP

Firm/Company

9045 Strada Stell Court, 4th Floor

Address

Naples, FL 34109

City/State and Zip Code

bcordero@lawfirmnaples.com

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

For further information concerning this matter, please call:

Brian A. Cordero 239 325-4070

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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

174 Carica Road, 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:**

2951 Route 9W

New Windsor, NY 12553

**Mailing Address:**

2951 Route 9W

New Windsor, NY 12553

**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:

WWMR Statutory Agent, LLC

Name

9045 Strada Stell Court, 4th Floor

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

Naples

FL


34109

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)

2023 - PH 3:54

2023 - PM: 3:54