

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.

((H23000387691 3)))



H230003876913ABC6

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 : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
2913 CARIBBEAN SOUL DR LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

FILED

2023 NOV - 8 PM 1:21

CLERK OF STATE
TALLAHASSEE, FL

RECEIVED

2023 NOV - 8 PM 1:49

RECEIVED
CLERK OF STATE
TALLAHASSEE, FL

DocuSign Envelope ID: 60F9785A-63EE-4A94-B981-448627659BCE

- H23000387691

COVER LETTER

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

SUBJECT: 2913 Caribbean Soul Dr 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:

Josalberth FIGUEROA

Name of Person

Firm/Company

15818 Glen Willow Lane

Address

Wellington, FL 33414

City/State and Zip Code
josalberth.figueroa@gmail.com

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

For further information concerning this matter, please call:

Josalberth FIGUEROA

at (561)

312-3956

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

H23000387691

FILED

DocuSign Envelope ID: 80F9785A-83EE-4A94-B981-44B627659BCE

2023 NOV - 8 PM 4: 24

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

STATE OF FLORIDA
TALLAHASSEE, FL
H23000387691**ARTICLE I - Name:**

The name of the Limited Liability Company is:

2913 Caribbean Soul Dr 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:

15818 Glen Willow Lane

wellington, FL 33414

Mailing Address:

15818 Glen Willow Lane

wellington, FL 33414

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:

Josalberth FIGUEROA

Name

15818 Glen Willow Lane

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

wellington, FL 33414

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..

DocuSigned by:

Josalberth FIGUEROA

Registered Agent's Signature (REQUIRED)

(CONTINUED)

H23000387691

DocuSign Envelope ID: 80F9785A-63EE-4A94-B981-44B627659BCE

H23000387691

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager
Member/Manager**Name and Address:**

Josalberth FIGUEROA

15818 Glen willow Lane

Wellington, FL 33414

(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:**

DocuSigned by:

Josalberth FIGUEROA

DDREFGCGG23544F

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.

Josalberth FIGUEROA

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)**

H23000387691