

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

H23000421805

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## To:

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

## From:

Account Name : CITI TAXES LLC  
Account Number : I20230000131  
Phone : (305)803-4427  
Fax Number : (305)402-62302023 DEC 11 PM 3:08  
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CLERK OF COURT  
JUDICIAL  
CITY OF MIAMI

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

Email Address: citi.taxes@yahoo.comFLORIDA LIMITED LIABILITY CO.  
VERDE ASSOCIATES, LLC

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

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## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: VERDE ASSOCIATES, 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:

ARMANDO VASQUEZ

Name of Person

CITITAXES LLC

Firm/Company

5721 NW 112TH AVE APT 108

Address

DORAL, FL 33178

City/State and Zip Code

CITITAXES@YAHOO.COM

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

For further information concerning this matter, please call:

ARMANDO VASQUEZ

305

803-4427

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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2023 DEC 11 PM 3  
TALLAHASSEE, FL

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

VERDE ASSOCIATES, 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:5284 NW 114th AVE UNIT 205DORAL, FL 33178Mailing Address:5284 NW 114th AVE UNIT 205DORAL, FL 33178

## 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:

FRANK DAVID VERDE ROJAS

Name

5284 NW 114th AVE UNIT 205Florida street address (P.O. Box **NOT** acceptable)DORAL

City

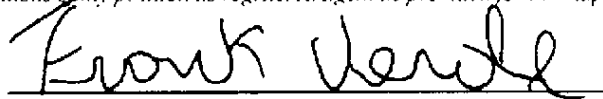
FL

State

33178

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)

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**ARTICLE IV:**

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

**Title:****Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR \_\_\_\_\_

FRANK DAVID VERDE ROJAS \_\_\_\_\_

5284 NW 114th AVE UNIT 205 \_\_\_\_\_

DORAL, FL 33178 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.

ALL AND ANY LAWFUL BUSINESS \_\_\_\_\_

**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.

FRANK DAVID VERDE ROJAS \_\_\_\_\_

Typed or printed name of signer

**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)

TALLAHASSEE, FL  
STATE

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