

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.

((H23000421793 3)))



H230004217933ABC+

**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.
4841 VILMA LANE LLC

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

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

2023 DEC 11 PM 3:08

2023 DEC 11 PM 3:57

FILED
FLORIDA
DEPARTMENT
OF
CORPORATIONS

DocuSign Envelope ID: B8C0475C-8CCE-4FA9-9AC1-173B3CE59998

H23000421793

COVER LETTER**TO: New Filing Section
Division of Corporations****SUBJECT: 4841 Vilma Lane 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:

Yolanda Carrillo Tello

Name of Person

Firm/Company

916 13th Ave S

Address

Lake Worth, FL 33460

City/State and Zip Code

carrilloyolanda844@gmail.com

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

For further information concerning this matter, please call:

Yolanda Carrillo Tello	561	614-9419
Name of Person	at ()
	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$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

2023 DEC 11 PM 3:
1123000421793

DocuSign Envelope ID: 96C0475C-6CCE-4FA9-9AC1-173B3CE5999B

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

H23000421793

ARTICLE I - Name:

The name of the Limited Liability Company is:

4841 Vilma Lane 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:916 13th Ave SLake Worth, FL 33460Mailing Address:916 13th Ave SLake Worth, FL 33460**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:

Yolanda Carrillo Tello

Name

916 13th Ave SFlorida street address (P.O. Box NOT acceptable)Lake WorthFL33460

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:

Yolanda Carrillo Tello713144850540
Registered Agent's Signature (REQUIRED)**(CONTINUED)**2023 DEC 11 PM 3:57
FLORIDA STATE
PALLIANCE, FL

FILED

DocuSign Envelope ID: 96C0475C-6CCE-4FA9-9AC1-173B3CE5999B

H23000421793

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member
"MGR" = Manager

Manager/Member**Name and Address:**

Yolanda Carrillo Tello
916 13th Ave S
Lake Worth, FL 33460

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

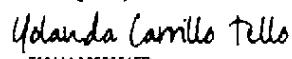
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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:


Yolanda Carrillo Tello

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.

Yolanda Carrillo Tello

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)

2023 DEC 11 PM 3:57
FLORIDA STATE
REGISTRATION
DIVISION
TALLAHASSEE, FL

FILED

H23000421793