

12300059415

Please file as all pages refer to 36

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

**CORRECTED; PLEASE
HONOR ORIGINAL
SUBMISSION DATE OF
12/18/23

**CORRECTED; PLEASE
HONOR ORIGINAL
SUBMISSION DATE OF
12/18/23

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.

((H23000432629 3)))



H230004326293ABC+

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.
LA TASCONIA LLC

Certificate of Status	0
Certified Copy	1
Page Count	08
Estimated Charge	\$155.00

**CORRECTED; PLEASE
HONOR ORIGINAL
SUBMISSION DATE OF
12/18/23

**CORRECTED; PLEASE
HONOR ORIGINAL
SUBMISSION DATE OF
12/18/23

2023 DEC 22 PM 2:37

STATE
TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

2023 DEC 22 PM 2:53
FILED
STATE
TALLAHASSEE, FL

DocuSign Envelope ID: A350B552-15CD-45C6-AA5B-DFC90A51A9BA

H23000432629

COVER LETTER**TO: New Filing Section
Division of Corporations****SUBJECT: La Tasconia 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:

Jorge Usma Silva

Name of Person

Firm/Company

3072 Bollard Rd

Address

West Palm Beach, FL 33411

City/State and Zip Code

jusma@danumautomation.com

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

For further information concerning this matter, please call:

Jorge Usma Silva

561

562-1926

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

H23000432629

DocuSign Envelope ID: A360B652-16CD-45C6-AA6B-DFC90A61A9BA

H23000432629

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

La Tasconia 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:3072 Bollard Rd
West Palm Beach, FL 33411Mailing Address:3072 Bollard Rd
West Palm Beach, FL 33411

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:

Jorge Usma Silva

Name

3072 Bollard RdFlorida street address (P.O. Box **NOT** acceptable)West Palm BeachFL33411

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..

Designated by:

Jorge Usma Silva

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2023 DEC 22 PM 2:53
CLERK OF STATE
TALLAHASSEE, FL

H23000432629

DocuSign Envelope ID: A350B552-15CD-45C8-AA5B-DFC90A51A9BA

H23000432629

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:Member/ManagerJorge Usma Silva
3072 Boliard Rd
West Palm Beach, FL 33411

(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:

Jorge Usma Silva

DE000013004545A

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.

Jorge Usma Silva

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)

FILED
2023 DEC 22 PM 2:53
DEPARTMENT OF STATE
TALLAHASSEE, FL

H23000432629