Leslie Sellers,

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

Division of Corporations Electronic Filing Cover Sheet

RECTED: 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)))



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

Fax Number

: (855)498-5500 : (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

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

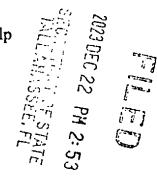
Certificate of Status	0
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**CORRECTED; PLEASE HONOR ORIGINAL SUBMISSION DATE OF 12/18/23

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Corporate Filing Menu

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COVER LETTER

	New Filing Se Division of Co					
SUBJEC	TrLa Te	sconia LLC				
		N	uns of Lin	nited Liabil	ity Company	
The engle	sed Articles of	Organization an	d fee(s) em	e submitted	for filing.	
Please ret	um all corresp	ondence concern	ing this me	itter to the	following:	
	Jorge Usma	Silvo				
				Name of	Person	
				Firm/Co		
	adma m ni	.5 79 .2		runvcu	urpany	
	3072 Bollan	0 KO		1.44.		
				Addr	els	
	West Palm l	Beach, FL 33411				
	nama@danu	nautomation.com		ity/State an	d Zip Code	
				for future s	nnual report notificati	on)
Por further	information co	ocerning this ma	tter, please	: call:		
	Jorge Usma	Silva	56 at (-	562-1926)	
	Nau	o of Person		res Code	Daytimo Telephon	Number
Enclosed	is a check for t	he following and	ount:			
⊡\$125.0	0 Eiling Fee	□\$130,00 Fil Cortificate of		Certifi	5.00 Filing Fee & ed.Copy al copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		e Address			Street Address New Filing Section Di	aukošem.
	Divisi	lling Section on of Corporation lox 6327	15		The Centre of Tallahe 2415 N. Monroe Street	1536C

Tallabassec, FL 32314

Tallahasses, FL 32303

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ARTICLE I - Name: The name of the Limited Liability Company is:	
La Tasconia LLC	
(Must contain the words "Limited Liab	ility 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:	Mailing Address:
3072 Bollard Rd	3072 Bollard Rd
West Palm Beach, FL 33411	West Palm Beach, FL 33411

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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 Plorida registration.)

The name and the Florida street address of the registered agent are:

Jorge Usma Silva		
	Name	•
3072 Bollard Rd		
Florida street address	(P.O. Box NOT 84	coeptable)
West-Palm Beach	FL	3341.1
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.

Jorge Usma Silva

De Observationed Agent's Signature (REQUIRED)

(CONTINUED)

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Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Member/Managet	Jorge Usma Silva 3072 Bollard Rd West Palm Beach, FL 33411
(Use attachment if necessary)	
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does	e date of filing:
EV: Effective date, if other than the sective date is listed, the date must of filing.) If the date inserted in this block does ment's effective date on the Depart	not meet the applicable statutory filing requirements, this date will not be lis
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LE V: Effective date, if other than the dective date is listed, the date must of filing.) If the date inserted in this block does ment's effective date on the Depart LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is a lam aware that any	not meet the applicable statutory filing requirements, this date will not be list ment of State's records. Document of State's records. Document of State's records. The member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes. State of the member of State of
EV: Effective date, if other than the ective date is listed, the date must of filing.) The date inserted in this block does ment's effective date on the Depart. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is a lam aware that any	not meet the applicable statutory filing requirements, this date will not be list ment of State's records. Docustioned by: Jewas Using State To member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes, by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.