

KA40000981

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

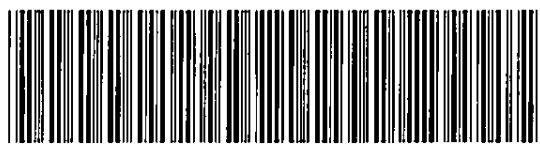
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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xxx 01/04/24--01008--001 \*\*30.00

01/04/24--01008--002 \*\*46.25

*[Signature]*  
2024 JAN 10 PM 10:08  
STATE

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Rise Way 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:

Meleshko Angelina  
Name of Person

Rise Way LLC  
Firm/Company

1260 Northlake Blvd #1123  
Address

Lake Park, FL, 33403  
City/State and Zip Code

ameleshko06@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Meleshko Angelina at (312) 928-9544  
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)

money order of 46.25\$ difference from previously paid amount of 78.25\$  
money order of 30\$ certified copy

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

2009 JUL 10 PM 10:08  
FILING SECTION

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Rise Way 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:

1260 Northlake Blvd #1123,  
Lake Park, FL, 33403

Mailing Address:

1260 Northlake Blvd #1123  
Lake Park, FL, 33403

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:

Northwest Registered Agent, LLC

Name

7901 4th St N STE 300,

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

St. Petersburg, FL, 33702

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..*

Newman Taylor

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2007-07-10 10:08  
FILED  
CLERK OF COURT  
JUL 10 2007

**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

<u>P</u>	<u>Meleshko Angelina</u>
_____	_____
_____	_____
_____	_____
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 12/20/2023 (OPTIONAL)

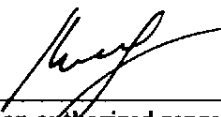
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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:**

  
\_\_\_\_\_  
**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.

Meleshko Angelina  
\_\_\_\_\_  
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)

2023  
DEC 20  
10:08  
TE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 12, 2023

GABRIELA ASUAJE  
19667 TURNBERRY WAY, APT. 7G  
AVENTURA, FL 33180 US

SUBJECT: TENDLER USA, LLC  
Ref. Number: L20000266337

We have received your document for and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person trying to resign as registered agent is not the registered agent.

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham  
Regulatory Specialist III  
Director's Office

Letter Number: 623A00018425