

L24000012512

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.

((H24000014846 3)))



H240000148463ABC\$

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.
3195 REO LANE LLC**

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

2024 JAN 10 PM 6:17

DocuSign Envelope ID: F34BE63B-50F4-4BFA-AFAB-5AA45775AC53

COVER LETTER

H24000014846

**TO: New Filing Section
Division of Corporations**

SUBJECT: 3195 Reo 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:

Yoel Aguiar Sardinas

Name of Person

Firm/Company

217 Tam O Shanter Dr

Address

Palm Springs, FL 33461

City/State and Zip Code

contact@homebylisandra.com

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

For further information concerning this matter, please call:

Yoel Aguiar Sardinas 561 229-9591
_____ at (_____) _____
Name of Person 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

H24000014846

DocuSign Envelope ID: F34BE63B-50F4-4BFA-AFAB-5AA45775AC53

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

H24000014846

ARTICLE I - Name:

The name of the Limited Liability Company is:

3195 Reo 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:217 Tam O Shanter Dr
Palm Springs, FL 33461**Mailing Address:**217 Tam O Shanter Dr
Palm Springs, FL 33461**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:

Yoel Aguiar Sardinias

Name

217 Tam O Shanter DrFlorida street address (P.O. Box **NOT** acceptable)Palm SpringsFL33461

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:



YAF4M2EC451E9

Registered Agent's Signature (REQUIRED)

(CONTINUED)

H24000014846

DocuSign Envelope ID: F34BE63B-50F4-4BFA-AFAB-5AA45775AC53

H24000014846

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/ManagerYoel Aguiar Sardinias
217 Tam O Shanter Dr
Palm Springs, FL 33461

(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:



7AF486426C46458

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.

Yoel Aguiar Sardinias

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)

H24000014846