

L24000023318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

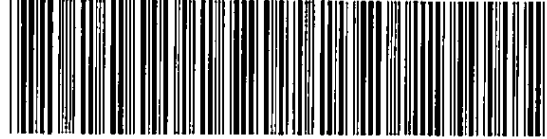
(Business Entity Name)

(Document Number)

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

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2024

JAN 16

RECEIVED  
2024 JAN 16 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$125.00 \_\_\_\_\_

AUTHORIZATION SIGNATURE: \_\_\_\_\_ 

\_\_\_\_\_  
Vanessa Garcia, LLC

BUSINESS Document

\_\_\_\_ Walk in \_\_\_\_\_ Pick up time \_\_\_\_\_

\_\_\_\_ Mail out \_\_\_\_\_ Will wait

\_\_ Certified copy of  
\_\_\_\_ Certificate of Status

\_\_\_\_ Certificate of Status

**NEW FILINGS**

\_\_\_\_ Profit  
\_\_\_\_ Not for Profit  
\_\_X\_\_ Limited Liability  
\_\_\_\_ Domestication  
\_\_\_\_ Other  
\_\_\_\_ **CORP**

**OTHER FILINGS**

\_\_\_\_ Annual Report  
\_\_\_\_ Fictitious Name

\_\_\_\_ APOSTIL ( ) \_\_\_\_\_  
Country

**AMMENDMENTS**

\_\_\_\_ Amendment  
\_\_\_\_ Resignation of R.A. Officer/Director  
\_\_\_\_ Change of Registered Agent  
\_\_\_\_ Dissolution/Withdrawal  
\_\_\_\_ Merger  
\_\_\_\_ **Conversion**

**REGISTRATION/QUALIFICATIONS**

\_\_\_\_ Foreign filing  
\_\_\_\_ Limited Partnership  
\_\_\_\_ Reinstatement

\_\_\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_

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EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

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

**SUBJECT: Vanessa Garcia, 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:

Gerardo Rodriguez-Albizu, Esq.

\_\_\_\_\_  
Name of Person

Rodriguez-Albizu Law, P.A.

\_\_\_\_\_  
Firm/Company

759 SW Federal Highway, Suite 321

\_\_\_\_\_  
Address

Stuart, FL 34994

\_\_\_\_\_  
City/State and Zip Code

grodriguez@ralawpa.com

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

For further information concerning this matter, please call:

Gerardo Rodriguez-Albizu, Esq. 772 261-5080  
\_\_\_\_\_  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|---|---|

**Mailing Address**  
New Filing Section  
Division of Corporations

**Street Address**  
New Filing Section Division  
The Centre of Tallahassee

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Vanessa Garcia, 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:

62 Spanish River Drive  
Ocean Ridge, FL 33435

Mailing Address:

62 Spanish River Drive  
Ocean Ridge, FL 33435

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:

Rodriguez-Albizu Law, P.A.

Name

759 SW Federal Highway, Suite 321

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

Stuart

FL

34994

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..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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:**

MGR

Vanessa Garcia  
62 Spanish River Drive  
Ocean Ridge, FL 33435

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: January 09, 2024. (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.

Gerardo Rodriguez-Albizu, Esq.

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)**

2024