

C24000132763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

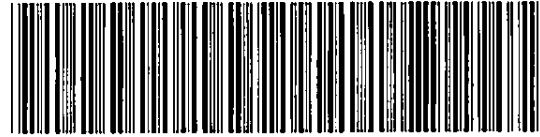
(Document Number)

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Certificates of Status _____

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Office Use Only



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2024 MAR 21 PM 3:50
ALLAHABAD, INDIA

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2024 MAR 21 PM 4:30
ALLAHABAD, INDIA

MS

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DR
TALLAHASSEE, FL 32309
(850) 524-5437 / (850) 524-6243 / (850) 491-9625

Please use funds from this account: I20210000160: \$125.00

Authorization Signature: 

BUSINESS NAME _____ **Document#** _____

RANA 69TH LLC

☐ Certified Copy
☐ Certificate of Status

NEW FILINGS

☐ Profit Corp
☐ Not for Profit
☒ **Limited Liability**
☐ Domestication
☐ LLLP
☐ CORP
☐ Other

AMENDMENTS

☐ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Revocation of Dissolution
☐ Merger
☐ Articles of Conversion
☐ Amended & Restated Articles of Incorporation
☐ Statement of Authority

APOSTILLE(s) **&** **OTHER FILINGS**

☐ Apostille
☐ Country
☐ Annual Report
☐ Foreign Filing
☐ Reinstatement
☐ Qualification
☐ Fictitious Name

EXAMINER'S INITIALS: _____

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2024 MAR 21 PM 3:57
TALLAHASSEE
FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DR
TALLAHASSEE, FL 32309
(850) 524-5437 / (850) 524-6243 / (850) 491-9625

Please use funds from this account: 120210000160: \$125.00

Authorization Signature: *Jan Gull*

BUSINESS NAME _____ **Document#** _____

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EXAMINER'S INITIALS: _____

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2014 DEC 21 AM 9:57
TALLAHASSEE, FL
FIDELITY & SECURITY

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: RANA 69TH 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:

NANGELIN ANGULO

Name of Person

SETBETTER

Firm/Company

7614 NE 4TH CT

Address

MIAMI, FL 33138

City/State and Zip Code

NANGELIN@SETBETTER.COM

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

For further information concerning this matter, please call:

NANGELIN ANGULO 754 4225522
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

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RANA 69TH 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:

7614 NE 4TH CT, MIAMI, FL 33138

Mailing Address:

480 NE 30TH ST #301, MIAM, FL 33137

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:

SETBETTER

Name

7614 NE 4TH CT

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

MIAMI

FL

33138

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.

Margaret Angulo

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2024 JUN 21 AM 9:50
CLERK OF DISTRICT COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
MIAMI, FLORIDA

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:

MANAGER

NANGELIN ANGULO LOPEZ

480 NE 30th St # 301

MIAMI, FL 33137

MANAGER

REINALDO J ACOSTA

480 NE 30th St # 301

MIAMI, FL 33137

(Use attachment if necessary)

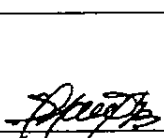
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:


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.

NANGELIN ANGULO LOPEZ & REINALDO J. ACOSTA

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)

2017 JUN 21 07:05 PM
STATE OF FLORIDA
DEPARTMENT OF STATE

FILED