

L24000182008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

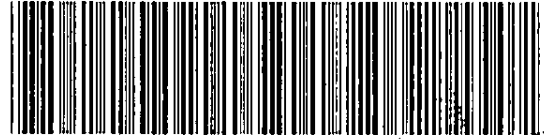
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED  
APR 22 2024  
11:30 AM

RECEIVED  
2024 APR 22 PM 3:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$125.00

Authorization Signature: Jan Full  
1120 17<sup>th</sup> Street, LLC  
BUSINESS ( Name) \_\_\_\_\_ Document # \_\_\_\_\_

Walk in  Pick up time \_\_\_\_\_  
 Mail out  Will wait \_\_\_\_\_  
 Photocopy

Certified Copy of Articles of Organization  
 Certificate of Status

**NEW FILINGS**

Profit  
 Not for Profit  
 Limited Liability  
 Domestication  
 Other  
 LLC  
 **CORP**

**AMMENDMENTS**

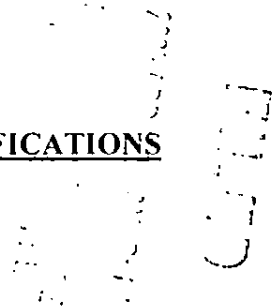
Amendment  
 Resignation of R.A. Officer/Director  
 Change of Registered Agent  
 Dissolution/Withdrawal  
 Merger  
 Conversion

**OTHER FILINGS**

Annual Report  
 Fictitious Name  
 APOSTIL ( ) \_\_\_\_\_  
Country

**REGISTRATION/QUALIFICATIONS**

Foreign Filing  
 Limited Partnership  
 Reinstatement  
 Trademark  
 Other



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

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

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

Authorization Signature: \_\_\_\_\_ *Jan Galt* \_\_\_\_\_  
1120 17<sup>th</sup> Street, LLC  
BUSINESS ( Name) \_\_\_\_\_ Document # \_\_\_\_\_

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E. J. J.

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

**COVER LETTER**

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

**SUBJECT:** 1120 17th Street, 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:

Nelson Garcia  
Name of Person  
Jacobs Law, LLC  
Firm/Company  
1117 Perimeter Center West, Suite W501  
Address  
Atlanta, GA 30338  
City/State and Zip Code  
freedomairandheatinc@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

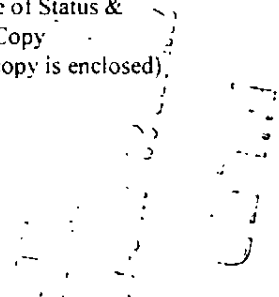
Nelson Garcia at (404) 474-3905  
Name of Person Area Code Daytime Telephone Number

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



**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

1120 17th Street, 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:**

**Mailing Address:**

3565 Sparrow Hawk Trail  
Mims, FL 32754

3565 Sparrow Hawk Trail  
Mims, FL 32754

**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:

Andrew Procell  
Name

3565 Sparrow Hawk Trail  
Florida street address (P.O. Box **NOT** acceptable)

<u>Mims</u>	<u>FL</u>	<u>32754</u>
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:  
Andrew Procell  
8F74A0E187A84D2  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

11/13/2020 10:30 AM

**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

MGR

Andrew Procell  
3565 Sparrow Hawk Trail  
Mims, FL 32754

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.

The management of the Company is vested in one or more managers and governed by an operating agreement, a copy of which can be found at the Company's principal place of business.

**REQUIRED SIGNATURE:**

DocuSigned by:

*Andrew Procell*

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.

Andrew Procell, Manager

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)