

28/4/24, 10:54

L240001526383
Division of Corporations
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.

(((F1240001526383)))



H240001526383ADC

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 : LATIN AMERICAN TAXPRO
Account Number : 128220000106
Phone : (407)318-8823
Fax Number : (561)467-5851

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ALEGUERREROP2024@GMAIL.COM

FLORIDA LIMITED LIABILITY CO.
GRUPO SORT LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu Help

FILED
2024 MAY -2 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FL

T. MATTHEWS

MAY - 3 2024

H-240001524383

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: GRUPO SORT 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:

MARQUEZ MEJIAS, MARINELLY M.

Name of Person

Firm/Company

2440 AVIAN LOOP

Address

KISSIMMEE FLORIDA 34741

City/State and Zip Code

ALEGUERREROP2024@GMAIL.COM

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

For further information concerning this matter, please call:

MARQUEZ M., MARINELLY 786 223 9856

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

H-240001524383

#240001526383

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2024 MAY -2 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FL

GRUPO SORT 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:

2440 AVIAN LOOP
KISSIMMEE FLORIDA 34741

2440 AVIAN LOOP
KISSIMMEE FLORIDA 34741

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:

MARQUEZ MEJIAS, MARINELLY M.

Name

2440 AVIAN LOOP

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

<u>KISSIMMEE</u>	<u>FLORIDA</u>	<u>34741</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..

MARQUEZ MEJIAS, MARINELLY M.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

#240001526383

#24 0001526383

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

MARQUEZ MEJIAS, MARINELLY M.

2440 AVIAN LOOP

KISSIMMEE FLORIDA 34741

MGR

GUERRERO URRIBARRI, ALEXANDER R.

2440 AVIAN LOOP

KISSIMMEE FLORIDA 34741

(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:**

MARQUEZ MEJIAS, MARINELLY M.

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.

MARQUEZ MEJIAS, MARINELLY M.

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)

#240001526383