

L24000205060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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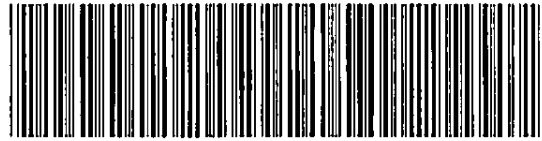
(Business Entity Name)

(Document Number)

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2024 MAY -7 AM 9:47
TALLAHASSEE, FL
SECRETARY OF STATE

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2024 MAY -7 PM 4:30
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

COVER LETTER

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

SUBJECT: TOTALIMA BELLAMAR 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:

TOMAS ESCORCIA

Name of Person

TOTALIMA BELLAMAR LLC

Firm/Company

10350 W Bay Harbor Dr. Apt 6P

Address

BAY HARBOR ISLANDS, FL 33154

City/State and Zip Code

info@jcbolutionsinc.net

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

For further information concerning this matter, please call:

TOMAS ESCORCIA

866

296-1833

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

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TALLAHASSEE, FL
DIVISION OF STATE

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TOTALIMA BELLAMAR 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:

10350 W Bay Harbor Dr. Apt 6P
BAY HARBOR ISLANDS, FL 33154

Mailing Address:

10350 W Bay Harbor Dr. Apt 6P
BAY HARBOR ISLANDS, FL 33154

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:

JC Business Solutions Inc

Name

7500 NW 25th ST Suite 237

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

Doral, Florida 33122

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)

CLERK OF STATE
TALLAHASSEE, FL

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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:

MGRM _____

TOMAS ESCORCIA
10350 W Bay Harbor Dr. Apt 6P
BAY HARBOR ISLANDS, FL 33154

MGRM _____

JUAN M. ESCORCIA
10350 W Bay Harbor Dr. Apt 6P
BAY HARBOR ISLANDS, FL 33154

MGRM _____

CAMILA ESCORCIA
10350 W Bay Harbor Dr. Apt 6P
BAY HARBOR ISLANDS, FL 33154

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL) 90 days after the date of filing.
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to 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.

Tomas Escorcía - 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)

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DEPARTMENT OF STATE
TALLAHASSEE, FL