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COVER LETTER

TO:

Registration Section

Division of Corporations					
eup ie <i>c</i> a	JORGE A. ROSADO RENTAS ASSOC	CIATES, LLC			
SUBJECT		Liability Company			
The enclos	osed Articles of Organization and fee(s) are sub	mitted for filing.			
Please retu	turn all correspondence concerning this matter	to the following:			
JORGE ALBERTO ROSADO RENTAS					
Name of Person					
JORGE A. ROSADO RENTAS ASSOCIATES, LLC					
Firm/Company					
	2054 JAMES WILSON WAY				
Address					
	JACKSONVILLE, FL 32224				
City/State and Zip Code JORGEROSADO16@GMAIL.COM					
		uture annual report notification)			
For further i	information concerning this matter, please call	:			
	JORGE ALBERTO ROSADO F 904	303-0182			
	Name of Person Area (Code Daytime Telephone Number			
Enclosed is	is a check for the following amount:				
]\$125.00 F	Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Iditional copy is enclosed) S160.00 Filing Fee, Certified 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 of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must e		ES, LLC		
	nd with the words "Limited Lie	ability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stree	et address of the principal office	e of the Limited	Liability Company is:	
Principal Office Address:			Mailing Address:	
2054 JAMES WILSON WAY		2054	JAMES WILSON WAY	
JACKSONVILLE, FL 32221		JACI	KSONVILLE, FL 32221	
ARTICLE III - Registered (The Limited Liability Comp another business entity with	Agent, Registered Office, & Fany cannot serve as its own Registration.)	Registered Agen gistered Agent. \		
ARTICLE III - Registered (The Limited Liability Comp another business entity with	Agent, Registered Office, & Fany cannot serve as its own Regian active Florida registration.) eet address of the registered age	Registered Agent Sgistered Agent. S	it's Signature: You must designate an individual	
ARTICLE III - Registered (The Limited Liability Comp another business entity with	Agent, Registered Office, & Fany cannot serve as its own Regan active Florida registration.) cet address of the registered age JORGE ALBERTO RO	Registered Agent Sgistered Agent. S	it's Signature: You must designate an individual	
ARTICLE III - Registered (The Limited Liability Comp another business entity with	Agent, Registered Office, & Fany cannot serve as its own Regan active Florida registration.) cet address of the registered age JORGE ALBERTO RO	Registered Agent Sgistered Agent Screen Agent Screen Agent Screen Agent Screen Agent	it's Signature: You must designate an individual	
ARTICLE III - Registered (The Limited Liability Comp another business entity with	Agent, Registered Office, & Fany cannot serve as its own Regan active Florida registration.) Leet address of the registered age JORGE ALBERTO RO	Registered Agency gistered Agent. Yent are: DSADO RENTA ame	it's Signature: Fou must designate an individual	
ARTICLE III - Registered (The Limited Liability Comp another business entity with	Agent, Registered Office, & Fany cannot serve as its own Registration.) The an active Florida registration. The address of the registered age JORGE ALBERTO RO No. 2054 JAMES W	Registered Agency gistered Agent. Yent are: DSADO RENTA ame	it's Signature: Fou must designate an individual	

the 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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

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 AMBR	JORGE ALBERTO ROSADO RENTAS 2054 JAMES WILSON WAY
		JACKSONVILLE, FL 32221
	MGR	
		-
		
	(Use attachment if necessary)	
ARTIC	CLE V: Effective date, if other than the date of	of filing: (OPTIONAL)
If an e		cific and cannot be more than five business days prior to or 90 days after
		eet the applicable statutory filing requirements, this date will not be listed as
the doc	cument's effective date on the Department of	of State's records.
ARTIC	CLE VI: Other provisions, if any.	
		1/2
	REQUIRED SIGNATURE:	Sk
		mber or an authorized representative of a member.
	Till in the second of the seco	11

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.

JORGE ALBERTO ROSADO RENTAS

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)
- S 5.00 Certificate of Status (Optional)