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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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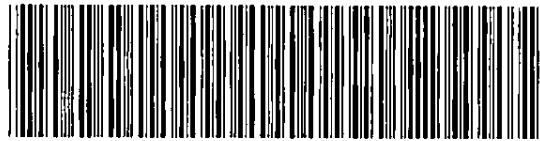
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TOLSON

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: GO BALCONISTA 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:

GREG OHLEMACHER
Name of Person

GO BALCONISTA
Firm/Company

3358 IMPERATA DR.
Address

ROCKLEDGE, FLA 32955
City/State and Zip Code

ONLY55@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GREG OHLEMACHER at (954) 326-0236
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:

GO BALCONISTA 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:

3358 IMPERATA DR
ROCKLEDGE, FLA 32955

Mailing Address:

3358 IMPERATA DR
ROCKLEDGE, FL 32955

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:

GREG ONLEMACHER
Name

3358 IMPERATA DR
Florida street address (P.O. Box **NOT** acceptable)
ROCKLEDGE FL 32955
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..

Greg Onlemacher
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
MAY 17 PM 4:17
CLERK OF STATE
TALLAHASSEE, 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

AMBR

Name and Address:

GREG OHLEMACHER

3358 IMPERATA DR

ROCKLEDGE, FL 32955

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JUNE 1st, 2024 (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:

Greg Ohlemacher

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.

GREG OHLEMACHER

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)

FILED
MAY - 7 PM '24
DEPARTMENT OF STATE

Greg Ohlemacher
3358 Imperata Dr.
Rockledge, Fla 32955

Florida Department of State Division of Corporations
New Filing Section
PO Box 6237
Tallahassee, FL 32314

To whom it may concern,

Please accept the enclosed documents and check for the formation of a new LLC named:

GO Balconista, LLC.

Check is enclosed for all filing fees including the Certificate of Status.

I look forward to the letter of acknowledgement.

Thank You,

Greg Ohlemacher
954-326-0236 cell

FILED
MAY 27 PM 1:17
RECEIVED
DEPT. OF STATE
TALLAHASSEE, FL