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5/23/24, 3:00 PM

Division of Corporations

Florida Department of State

Division of Corporations

Section of Commercial Services

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Note: Please print this page and use it as a cover sheet. Place the FAX and number (see below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : EXPERTAX
Account Number : 120200000010
Phone : (807)777-7470
Fax Number : (321)206-9743

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

Email Address: _____

RECEIVED
2024 MAY 24 AM 11:07
DIVISION OF CORPORATIONS
COMMERCIAL
SERVICES

FLORIDA LIMITED LIABILITY CO.
MANUEL REA LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$150.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2024 MAY 21 PM 4:23

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MANUEL REA 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:

MANUEL A REA CAMPOS
Name of Person

Firm/Company

6030 W RIDGEWOOD AVE
Address

ORLANDO, FL 32835
City/State and Zip Code

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

For further information concerning this matter, please call:

MANUEL A REA CAMPOS 407 620-1833
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount.

- \$125.00 Filing Fee
- \$139.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$169.00 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 819
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MANUEL REA 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:

6030 W RIDGEWOOD AVE
ORLANDO, FL 32835

6030 W RIDGEWOOD AVE
ORLANDO, FL 32835

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:

MANUELA REA CAMPOS

Name

6030 W RIDGEWOOD AVE

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

ORLANDO

City

FLORIDA

State

32835

Zip

Having been named as registered agent and to accept service of process for the above signed 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.

Manuel A Rea Campos

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

<u>MBR</u>	MANUEL A. REA CAMPOS.....
.....	6129 W. RIDGEWOOD AVE.....
.....	ORLANDO, FL 32815.....
.....
.....
.....
.....
.....
.....

(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:

Manuel A. Rea Campos

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.

.....
MANUEL A. REA CAMPOS
.....
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)

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