

## Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**L240002009263**

Note: Please print this page and attach it as a cover sheet. The tax audit number (below) on the top and bottom of all pages of the document.

(((H24000200926 3)))



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## To:

Division of Corporations  
Fax Number : (850)617-6381

## From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : 120000000019  
Phone : (305)552-5973  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
1 MEDALIST WAY, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED  
2024 JUN -7 PM 5:25  
CORPORATIONS  
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DIVISION OF CORPORATIONS  
2024 JUN -7 PM 3:39

**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "LLC," or "LLC.")*

1 Medalist Way, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

1 Medalist Way Rotonda West , FL 33947

**ARTICLE III - Registered Agent, Registered Office:**

The name and the Florida street address of the registered agent are: *(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.)*

Salvador Garcia

8743 SW 9th Terr #1

Miami, FL 33174

**ARTICLE IV-**

The name and title of each person authorized to manage and control the Limited Liability Company:

Manager- Kelln Yovana Lopez Munoz , 10%

Manager - Wilmer Alexis Aguiriano , 90%

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**Required Signatures:**

\_\_\_\_\_  
**Signature of a member or an authorized representative of a member.**

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.

KELIN YOVANA LOPEZ: 

\_\_\_\_\_  
**Typed or printed name of signee**

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)**