

L24000285986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

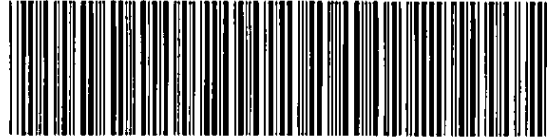
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200427993362

08/19/24--01018--011 **290.00

2004

GREGORY G. FASULA, P.A.

*ATTORNEY AND COUNSELOR AT LAW
2400 SE Veterans Memorial Parkway, Suite 205
Port St. Lucie, Florida 34952*

(772) 337-0062 Fax (772) 337-0033

June 11th, 2024

Department of State
Division of Corporation
P. O. Box 6327
Tallahassee, FL 32314

Re: Our Client; Demetrio Garcia

Dear Sir or Madam:

Enclosed please find Articles of Organization for three (3) Florida LLC companies regarding our client, Demetrio Garcia.

Also enclosed please find a check in the amount of \$390.00 for the filing fee and certificates of status for each company.

Thank you for your assistance in this regard.

Sincerely,



Gregory G. Fasula, Esq.
GGF/mst

Encs.

COVER LETTER

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

SUBJECT: 5851 NW CORSO AVENUE, LLC.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are original and one (1) copy of the Articles of Incorporation and a check for:

<input type="checkbox"/> \$125.00	<input checked="" type="checkbox"/> \$130.00	<input type="checkbox"/> \$155.00	<input type="checkbox"/> \$160.00
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM:

Demetrio Garcia

Name (Printed or Typed)

4735 Selvitz Road

Address

Fort Pierce, FL 34981

City, State & Zip

(772) 530-1896

Daytime Telephone Number

Demetriog1972@gmail.com

Email Address

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY

ARTICLE I – NAME

The name of the Limited Liability Company is: 5851 NW Corso Avenue, LLC.

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 4735 Selvitz Road, Fort Pierce, Florida 34981

Principal Office Address:

Mailing Address:

4735 Selvitz Road

4735 Selvitz Road

Fort Pierce, FL 34981

Fort Pierce, FL 34981

ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:

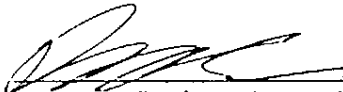
The name and the Florida street address of the registered agent are:

Demetrio Garcia

4735 Selvitz Road

Fort Pierce, FL 34981

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 the Chapter 605, F.S.



Registered Agent's Signature

ARTICLE IV –Manager(s) or Managing (Member(s):

The name and address of each Manager or Managing Member is as follows:

Title

Name and Address:

“MGR” = Manager

“MGRM” – Managing Member

MGRM

Demetrio Garcia

4735 Selvitz Road

Fort Pierce, FL 34981

MGRM

Ana M. Garcia

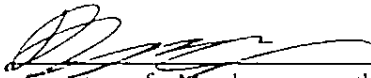
4735 Selvitz Road

Fort Pierce, FL 34981

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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 that the facts stated 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 817.155.F.S.).

Demetrio Garcia

Typed or printed name of signee

233