

124100278605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

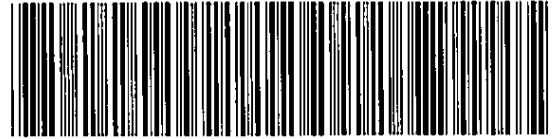
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300427993353

05/19/24--01013--011 \*\*390.00

FILED  
2024 JUN 19 PM 1:48  
MILLERSVILLE, PA

L  
12000

**COVER LETTER**

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

**SUBJECT:** 5164 ST. LUCIE BOULEVARD, 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 Filing Fee	<input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy	<input type="checkbox"/> \$160.00 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

2024 Jul 19 PM 1:48  
FILED

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

**ARTICLE I – NAME**

The name of the Limited Liability Company is: 5164 St. Lucie Boulevard, 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:

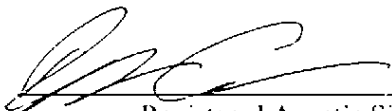
Demetrio Garcia

4735 Selvitz Road

Fort Pierce, FL 34981

2024 JUN 19 PM 1:48  
FILED

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):

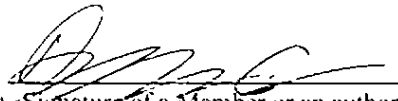
The name and address of each Manager or Managing Member is as follows:

<u>Title</u>	<u>Name and Address:</u>
“MGR” = Manager “MGRM” – Managing Member	
MGRM	<u>Demetrio Garcia</u> <u>4735 Selvitz Road</u> <u>Fort Pierce, FL 34981</u>
MGRM	<u>Ana M. Garcia</u> <u>4735 Selvitz Road</u> <u>Fort Pierce, FL 34981</u>

(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

FILED  
2024 JUN 19 PM 1:48  
HILLSBOROUGH COUNTY, FL