

To: FL

From: TIMOTHY RICHARDS

L24000288995



H240002207553ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : RICHARDS & PARTNERS, P.A.
Account Number : 120110000091
Phone : (305)858-9900
Fax Number : (305)285-0015

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

Email Address: Ftelge@goldcupfresh.com

FLORIDA LIMITED LIABILITY CO.
COMMODORE 313 LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED

2024 JUN 27 PM 3:32

CORPORATIONS
COMMERCIAL
SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

FILED
2024 JUN 27 AM 10:4
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

COMMODORE 313 LLC

(Must contain the words "Limited Liability Company," "LLC," 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:6405 SW 133rd DRIVE
PINECREST FL 331566405 SW 133rd DRIVE
PINECREST FL 33156

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:

Frank R. Teles

Name

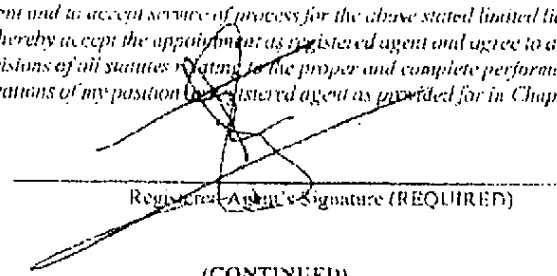
6405 SW 133rd DRIVEFlorida street address (P.O. Box **NOT** acceptable)PINECRESTFL33156

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2024 JUN 27 AM 10:49
SECRETARY 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

Name and Address:MGRFRANK TELGE
6405 SW 133rd DRIVE
PINECREST FL 33156MGRMARIA SOL DE CASAS
6405 SW 133rd DRIVE
PINECREST FL 33156

(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:

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.

FRANK TELGE

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)