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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 + Tallahassee, Florida 32301 (850) 224-8870 + 1-800-342-8062 + Fax (850) 222-1222

1798 SW THIRI	D LLC	
	n 120	
Please Debit FC.	A000000003 For: 130	
Thank you Seth	Neeley	
1400		Art of Inc. File
- H		
		LTD Partnership File \\ \[\begin{align*} align*
		LTD Partnership File 2 Foreign Corp. File 2 L.C. File 2
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Arr. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cen. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
4		Fictitious Search
Signature		Fictitious Owner Search
		Vehicle Search
		Driving Record
Requested by:		UCC 1 or 3 File
Name	Date Time	— UCC 11 Search
Hanne	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

COVER LETTER

	New Filing Section Division of Corporations	
SUBJEC	T: 1798 SW Third, LLC, a Florida Limited Liability Company Name of Limited Liability Company	pany
The encle	osed Articles of Organization and fee(s) are submitted for filing.	
Please re	turn all correspondence concerning this matter to the following:	
	Reynaldo Rivera	
	Name of Person	
	Reynaldo Rivera	
	FirmCompany	
	3309 Alginet Drive	~ 1
	Address	2024 JUL
	Encino. CA 91436	
	City/State and Zip Code	n)
	rmrso@earthlink.net	
	E-mail address: (to be used for future annual report notification	n) (1
For further	r information concerning this matter, please call:	:47
	Sheila I. Ortiz at (305) 979-2215	
	Name of Person Area Code Daytime Telephone	Number
Enclosed	I is a check for the following amount:	
	Filing Fee X \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive CenterTallahassee, FL 32301	· Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must co	ntain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")	
RTICLE II - Address: he mailing address and street	address of the principal office	of the Limited Liability Company is:	
Principal Office Address: Mailing Add		Mailing Addres	<u>is</u> :
3309 Alginet Dr.,	Encino, CA 91436	3309 Alginet Dr., Encino, CA	cino, CA 91436
he Limited Liability Compa	gent, Registered Office, & Re ny cannot serve as its own Regi n active Florida registration.)	egistered Agent's Signature: stered Agent. You must designate an indiv	vidual or
he Limited Liability Compa other business entity with a	ny cannot serve as its own Regi	stered Agent. You must designate an indiv nt are:	vidual or
The Limited Liability Compa nother business entity with a	ny cannot serve as its own Regi n active Florida registration.) et address of the registered ager	stered Agent. You must designate an indiv nt are: rtiz, P.A.	vidual or
The Limited Liability Compa nother business entity with a	ny cannot serve as its own Regi n active Florida registration.) et address of the registered ager Sheila 1. O	stered Agent. You must designate an indivint are: rtiz, P.A.	viduat or
The Limited Liability Compa nother business entity with a	ny cannot serve as its own Regin active Florida registration.) et address of the registered ager Sheila 1. O	stered Agent. You must designate an indiv nt are: rtiz. P.A. me d Avenue	viduat or
The Limited Liability Compa nother business entity with a	ny cannot serve as its own Regin active Florida registration.) et address of the registered ager Sheila 1, O Nai 460 SW 133rd	stered Agent. You must designate an indivint are: rtiz, P.A. me d Avenue D. Box NOT acceptable)	vidual or

(CONTINUED)

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	.	
<u>MGR</u>	Reynaldo Rivera	·
	3309 Alginet Dr.	
	Encino, CA 91436	
MGR	Maria E. Ramos-Rivera	
	3309 Alginet Dr.	
	Encino, CA 91436	
		202
(Use attachment if necessary)		2024
CLE V: Effective date, if other than the dat effective date is listed, the date must be so	c of filing. 06/23/2024 ecific and cannot be more than five business d	. (OPTIONAL)
ite of filing.)		
	neet the applicable statutory filing requirements	· · · · · · · · · · · · · · · · · · ·
locument's effective date on the Department	of State's records,	, 🗅
TCUE VI: Other provisions, if any,		

REQUIRED SIGNATURE:

Signature of a member of an authorized representative of a pember.

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.

Reynaldo Rivera
Typed or printed name of signee

Filing Fces:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)