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	To: Division of Corporations Fax Number : (850)617-6381
i¥2 *	From: Account Name : HADAS ACCOUNTING AND TAX SERVICES Account Number : I20170000018 Phone : (305)222-2289 Fax Number : (305)221-3810
	Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Email Address: <u>MadastareSerHCes</u> Dgmall. Com .
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COVER LETTER

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TO: New Filing Section Division of Corporations

LAS FLORES DE LA CARRETA F	LAGLER LLC
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SUBJECT: _____

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Blanca L Lacayo

Name of Person

Hadas Accounting & Tax Services Inc.

Firm/Company

210 SW 107th Ave

Address

Miami, FL 33174

City/State and Zip Code

hadastaxeservices@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Blanca L Lacayo		05	222-2289			J.	
Nam	e of Person A	Viea Code	Daytime Telephon		2017 100 100	່ມ	
Enclosed is a check for U	he following amount:				SEF S	PĦ I2:	
■5125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified	00 Filing Fee & Copy copy is enclosed)	□\$160.00 Filin Certificate of St Certified Copy (additional copy is	g fies	2:00	
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New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 I

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LAS FLORES DE LA CARRETA FLAGLER LLC

(Must contain the words "Limited Liability Company, "L.L.C.," 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:
TANIA MORVELI 90%	685 W PARK DR #205 MIAMI FL 33172
JORGE A MARTINEZ ZUNIGA 10%	685 W PARK DR #205 MIAMI PL 33172

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:

BLANCA L LACA	YO				
	Name				
210 SW 107TH AV	E.				
Florida street address (P.O. Box NOT acceptable)					
MIAMI	FL	33174			
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, 1 hereby accept the appointment as registered agent and agree to act in this capacity. 1 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.

1040 00

Registered Agent's Signature (REQUIRED)

(CONTINUED)