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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
-	Office Use Or	niy



08/13/24--01010--008 ++130.00



COVER LETTER

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	New Filing Section Division of Corporations				
	Rachel Gerald Cello LLC				
SUBJEC		Name of Limited Liabi	lity Company		
The enclo	used Articles of Organization	and fee(s) are submitte	d for filing.		
Please re	turn all correspondence conce	ming this matter to the	following:		
	Rachel Baltz				
		Name o	f Person		
	· · · · · · · · · · · · · · · · ·	Firm/C	ompany		
	10989 Legacy Gateway Ci	rele #204			
		Add	lress		
	Ft. Myers, FL 33913				
	Rachelgeraldcello@icloud.c	-	nd Zip Code		
			annual report notification))	
For further	r information concerning this i	matter, please call:			
	Rachel Baltz	606	776-1009		
	Name of Person	at (Area Code	Daytime Telephone	Number	
Encloser	l is a check for the following a	ancount.			
	_	Filing Fee & □\$1 of Status Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	□\$160.00 Filin Certificate of St Certified Copy (additional copy is	atus &
	<u>Mailing Address</u> New Filing Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323		Street Address New Filing Section Div The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 32303	ssee at, Suite 810	2102 AUG 1.2



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Rachel Gerald Cello 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:
10989 Legacy Gateway Circle #204	10989 Legacy Gateway Circle #204
Ft. Myers, FL 33913	Ft. Mvers, FL 33913

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:

Dawn Baltz		
	Name	
11295 Maxton Way	North	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	ceptable)
Pinellas Park	FL	33782
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)

ARTICLE IV-

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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:
Sole manager	Rachel Baltz 10989 Legacy Gateway Circle #204 Ft. Myers. FL 33913

(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.)

<u>Note:</u> 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.

REC	DUIRED SIGNATURE: Rachel Balt
	Signature of a member or an authorized representative of a member.
	This document is executed in accordance with section 605.(203) (b), Florida Statute:
	I am aware that any false information submitted in a document to the Department of Stat
	constitutes a third degree felony as provided for in s.817.155, F.S.
	Rachel Marie Baltz
	Typed or printed name of signee
	Filing Fees:
\$1.	25.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$	30.00 Certified Copy (Optional)
S	5.00 Certificate of Status (Optional)