

# L24000369656

Division of Corporations

8/23/24, 3:44 PM

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

(H240002837223)

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

From: Account Name : FLAGLER PLANT CONSTRUCTION LLC  
Account Number : 120220000091  
Phone : (813)505-4808  
Fax Number : (813)505-4808

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

Email Address: LVAREAS@GMAIL.COM

RECEIVED

2024 AUG 23 PM 5:19

CORPORATION  
COMMERCIAL  
SERVICES

FLORIDA LIMITED LIABILITY CO.  
7002 19th St LLC

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

2024 AUG 23 AM 10:12  
SECRETARY OF STATE  
TALLAHASSEE, FL

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

7002 19th St 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:2023 W Platt St Tampa, FL 33606Mailing Address:2023 W Platt St Tampa, FL 33606

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Lawrence Vargas

Name

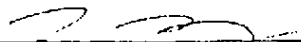
2023 W Platt StFlorida street address (P.O. Box ~~NOT~~ acceptable)TampaFL33606

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 603, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV.**

The name and address of each person authorized to manage and control the Limited Liability Company.

**Title:****Name and Address:**

\*AMBR\* = Authorized Member

\*MGR\* = Manager

MGRLawrence Vargas  
2023 W Platt St Tampa, FL 33606MGRDavid Waltrip  
2023 W Platt St Tampa, FL 33606

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 08/23/24 (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.

Lawrence Vargas

Typed or printed name of signer

**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)

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