

**K2400374225**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000286450 3)))



H240002864503ABC+

**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 : CAPITOL SERVICES, INC.  
Account Number : I2016000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

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

Email Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 AUG 27 AM 10:14

RECEIVED

**FLORIDA LIMITED LIABILITY CO.  
1862 SW HAMPSHIRE LANE LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

2024 AUG 27 AM 9:11

DocuSign Envelope ID: 7F5918B4-D6E1-425D-BB95-136F2B153453

H24000286450

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** 1862 SW Hampshire Lane LLC  
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:

Maricel Raposo  
 \_\_\_\_\_  
 Name of Person

\_\_\_\_\_  
 Firm/Company

17 Fairview Ave  
 \_\_\_\_\_  
 Address

Edison, NJ 08817  
 \_\_\_\_\_  
 City/State and Zip Code

popularmary@hotmail.com  
 \_\_\_\_\_  
 E-mail address: (to be used for future annual report notification)

2024 AUG 27 PM 9:15

For further information concerning this matter, please call:

Maricel Raposo                      732                      558-9045  
 \_\_\_\_\_ at ( \_\_\_\_\_ ) \_\_\_\_\_  
 Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
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

H24000286450

DocuSign Envelope ID: 7F5918B4-D5E1-425D-BB05-138F2B153453

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

H24000286450

ARTICLE I - Name:

The name of the Limited Liability Company is:

1862 SW Hampshire Lane 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:

17 Fairview Ave

Edison, NJ 08817

17 Fairview Ave

Edison, NJ 08817

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:

Maricel Raposo

Name

1862 SW Hampshire Ln

Florida street address (P.O. Box **NOT** acceptable)

Port Sint Lucie

FL

34953

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.

Signed by:

Maricel Raposo

Registered Agent's Signature (REQUIRED)

(CONTINUED)

08/27/2024 08:47:17 AM

H24000286450

DocuSign Envelope ID: 7F5918B4-D5E1-425D-BB95-136F2B153453

H24000286450

**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:**

Member/Manager

Maricel Raposo  
17 Fairview Ave  
Edison, NJ 08817

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2024 AUG 27 PM 9:15

(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:**

Signed by:  
*Maricel Raposo*

CSBE10489100437

**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.

Maricel Raposo

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)

H24000286450