

L24000 381064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

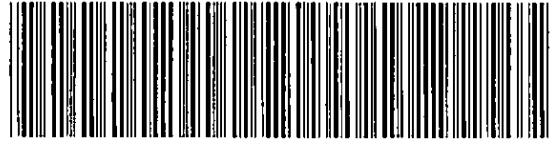
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000435475120

FILED

2024 SEP -4 AM 9:47

CLERK OF STATE
TALLAHASSEE, FL

RECEIVED

2024 SEP -4 PM 3:31

CLERK OF STATE
TALLAHASSEE, FL

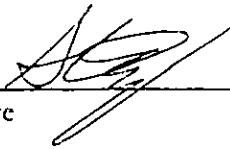
CAPITAL CONNECTION, INC.

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

GARCIA HOME REPAIRS LLC

Please Debit FCA000000003 For: 125

Thank you Seth Neeley



Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

11. Ponder's Printing • Tallahassee, FL 32301

FILED

2024 SEP -4 AM 9:47

CLERK OF STATE
TALLAHASSEE, FL

Art of Inc. File

LTD Partnership File

Foreign Corp. File

L.C. File

Fictitious Name File

Trade/Service Mark

Merger File

Art. of Amend. File

RA Resignation

Dissolution / Withdrawal

Annual Report / Reinstatement

Cert. Copy

Photo Copy

Certificate of Good Standing

Certificate of Status

Certificate of Fictitious Name

Corp Record Search

Officer Search

Fictitious Search

Fictitious Owner Search

Vehicle Search

Driving Record

UCC 1 or 3 File

UCC 11 Search

UCC 11 Retrieval

Courier

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: GARCIA HOME REPAIRS 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:

JACOBO GARCIA
Name of Person

GARCIA HOME REPAIRS LLC
Firm/Company

617 ROYAL PALM
Address

LAKE WORTH, FLORIDA 33460
City/State and Zip Code

ALLP4RPOSE@GMAIL.COM
E-mail address: (to be used for future annual report notification)

2024 SEP -4 AM 9:47
TALLAHASSEE, FL

FILED

For further information concerning this matter, please call:

JACOBO GARCIA at (305) 965-7983
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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GARCIA HOME REPAIRS 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:

617 ROYAL PALM
LAKE WORTH, FL 33460

Mailing Address:

617 ROYAL PALM
LAKE WORTH, FLORIDA 33460

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:

JACOBO GARCIA

Name

617 ROYAL PALM

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

LAKE WORTH FLORIDA 33460

City

State

Zip

CLERK OF STATE
TALLAHASSEE, FL

2024 SEP -4 AM 9:47

FILED

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.

/s/

JACOBO GARCIA

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager
MGR

Name and Address:

JACOBO GARCIA

617 ROYAL PALM

LAKE WORTH, FLORIDA 33460

(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:

/s/

JACOBO GARCIA

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.

JACOBO GARCIA

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)

FILED
2024 SEP -9 AM 9:47
TALLAHASSEE, FL
DEPARTMENT OF STATE