

**124000415821**

**\*\*CORRECTED; PLEASE  
HONOR ORIGINAL DATE  
OF 9/30/24**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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**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.**

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To:

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

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
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: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
1123 18TH AVE N LLC**

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HONOR ORIGINAL DATE  
OF 9/30/24**

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

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September 30, 2024

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CAPITOL SERVICES, INC

SUBJECT: 1123 18TH AVE N LLC  
REF: W24000134778

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The designation of the registered agent must be at a Florida street address.

If you have any further questions concerning your document, please call (850) 245-6052.

Carlos E Rico  
Supervisor  
New Filing Section

FAX Aud. #: B24000330558  
Letter Number: 924A00021630

P.O BOX 6327 - Tallahassee, Florida 32314

SEP 30 2024

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## COVER LETTER

H24000330558

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

**SUBJECT:** 1123 18th Ave N 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:

Guillermo Betancourt

Name of Person

Firm/Company

715 Kensington Ave

Address

Flint, MI 48503

City/State and Zip Code

gbetancourt72@yahoo.com

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

For further information concerning this matter, please call:

Guillermo Betancourt at ( ) 908 401-0411  
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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

H24000330558

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

1123 18th Ave N 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:**715 Kensington Ave  
Flint, MI 48503**Mailing Address:**715 Kensington Ave  
Flint, MI 48503**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:

Guillermo Betancourt

Name

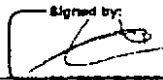
1123 18th Avenue NFlorida street address (P.O. Box **NOT** acceptable)Lake WorthFL33460

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)

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**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:**Manager/MemberGuillermo Betancourt715 Kensington AveFlint, MI 48503

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(Use attachment if necessary)

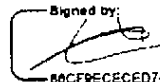
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

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**REQUIRED SIGNATURE:**  
Signed by: \_\_\_\_\_  
BACF8E9CECED7488**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.

Guillermo Betancourt

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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