

L 24000 433964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

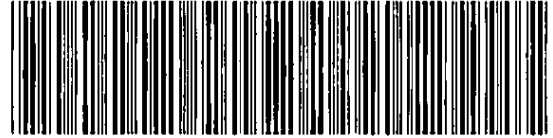
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: ARTEMISA 710 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:

YULIMAR BARRIOS MORENO

Name of Person

APPNALISYS GROUP LLC

Firm/Company

2566 CLIFF WAY

Address

SAINT CLOUD, FL 34771

City/State and Zip Code

appnalisys.irs@gmail.com

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

For further information concerning this matter, please call:

Yulimar Barrios Moreno	786	448-2547
_____ Name of Person	at (_____) Area Code	_____ Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2021 OCT 17 10:00 AM
FILED
C

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTEMISA 710 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:

185 NW 13TH AVE, APT 1233
MIAMI, FL 33125

Mailing Address:

185 NW 13TH AVE, APT 1233
MIAMI, FL 33125

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:

ALEJANDRA J ALCALA MARTINEZ

Name

185 NW 13TH AVE, APT 1233

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

MIAMI

FL

33125

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..

Alejandra J Alcala

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
SEP 11 2013
CLERK OF COURT
MIAMI, FL