

L 24000 433964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

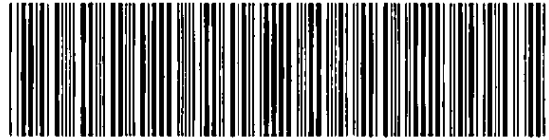
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500437473315

10/08/24--01032--010 **130.00

SEARCHED
SERIALIZED
INDEXED
FILED
OCT 10 2024
FBI - [illegible]

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 at (786) 448-2547
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

2009 OCT 1 10 00 AM
NEW FILING SECTION
FILED
10/1/09

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:

Mailing Address:

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

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)

SEARCHED
SERIALIZED
INDEXED
FILED
MAY 19 2011
MIAMI, FL
CLERK OF COURT