

L24000 440187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

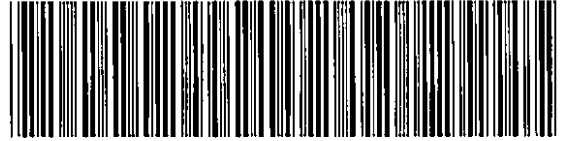
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COVER LETTER

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

SUBJECT: ACACIA 1165 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:

LUIS F. JARAMILLO MESA
Name of Person
ACACIA 1165 LLC
Firm/Company
1155 BRICKELL BAY DR APT 3010
Address
MIAMI, FLORIDA 33131
City/State and Zip Code
info@jcbsolutionsinc.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS F. JARAMILLO MESA 866 296-1833
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ACACIA 1165 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:

1155 BRICKELL BAY DR APT 3010
MIAMI, FLORIDA 33131

1155 BRICKELL BAY DR APT 3010
MIAMI, FLORIDA 33131

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:

JC Business Solutions Inc

Name

7500 NW 25th ST Suite 237

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

Doral, Florida 33122

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)

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

"MGR" = Manager

LUIS F. JARAMILLO-MESA

1155 BRICKELL BAY DR APT 3010

MIAMI, FLORIDA 33131

MGRM

MGRM

JOSE L. SIERRA-LOPEZ

1155 BRICKELL BAY DR APT 3010

MIAMI, FLORIDA 33131

MGRM

ANA M. SIERRA

1155 BRICKELL BAY DR APT 3010

MIAMI, FLORIDA 33131

MGR

FRANDY PRODUCE LLC

10873 BRIGHTON HILL CIRCLE NORTH

JACKSONVILLE, FL 32258

\$ 5.00 Certificate of Status (Optional)