

U24000468557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

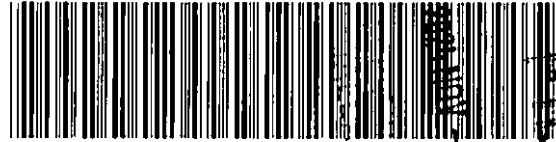
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200438041502

NOV -6 PM 9:47
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

2024 NOV -6 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: ___ \$ 160.00 ___

Authorization Signature: *[Signature]*

5617 Coral Springs LLC

Business Name

#Document #

___ Walk in

___ Will wait

X Certified Copies of the Articles of Incorporation

X Certificate of Status

NEW FILINGS

AMENDMENTS

___ Profit

___ Not for Profit

X LLC

___ Domestication

___ INC

___ CORP

___ OTHER

___ Amendment

___ Resignation of R.A. Officer/Director

___ Change of Registered Agent

___ Dissolution/Withdrawal

___ Conversion

___ Statement of FACT

___ Merger

OTHER FILINGS

REGISTRATION/QUALIFICATIONS

___ Annual Report

___ Fictitious Name

___ Statement of Authority

___ APOSTIL _____
COUNTRY

___ Foreign Filing

___ Partnership

___ Reinstatement

___ CORRECTION for a Foreign LLC

___ Domestication of a Foreign Corp.

___ Other

EXAMINER'S INITIALS: _____

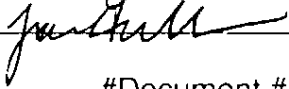
FLORIDA STATE
TALLAHASSEE, FL

2024 NOV -6 AM 9:47

FILED

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: \$ 160.00

Authorization Signature: 

5617 Coral Springs LLC

Business Name

#Document #

☐ Walk in

☐ Will wait

☒ Certified Copies of the Articles of Incorporation

☒ Certificate of Status

NEW FILINGS

☐ Profit

☐ Not for Profit

☒ LLC

☐ Domestication

☐ INC

☐ CORP

☐ OTHER

AMENDMENTS

☐ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Conversion

☐ Statement of FACT

☐ Merger

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ Statement of Authority

☐ APOSTIL. _____
COUNTRY

REGISTRATION/QUALIFICATIONS

☐ Foreign Filing

☐ Partnership

☐ Reinstatement

☐ CORRECTION for a Foreign LLC

☐ Domestication of a Foreign Corp.

_____ Other

EXAMINER'S INITIALS: _____

FILED
2024 NOV -6 AM 9:47
TALLAHASSEE, FL
STATE

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 5617 Coral Springs 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:

JHON PEREZ
Name of Person
Firm/Company
5617 NW 106TH WAY
Address
CORAL SPRINGS FL 33076
City/State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JHON PEREZ 347 2191535
Name of Person at () 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

2024 NOV -6 AM 9:47
TALLAHASSEE, FL

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

5617 CORAL SPRINGS 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:

5617 NW 106TH WAY CORAL SPRINGS FL 33076

Mailing Address:

5617 NW 106TH WAY CORAL SPRINGS

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:

Legacy RA Group Inc.
Name

2330 Clare Dr.

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

Tallahassee FL

City

State

32309

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.

[Signature]

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2024 NOV -6 AM 9:47
FILED
33076
CLAY COUNTY, FL

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:

5617 NW 106TH WAY CORAL SPRINGS FL 33076
JHON PEREZ

2024 NOV -6 AM 9:47
CLERK OF THE STATE
TALLAHASSEE, FL

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/06/2024 (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:

JHON PEREZ

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.

JHON PEREZ

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)