

U24000489449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

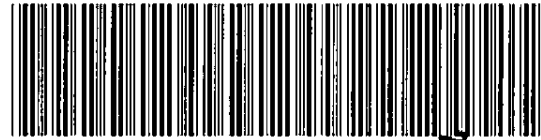
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



70043804387

FILED

2024 NOV 21 AM 9:47

STATE  
TALLAHASSEE, FL

RECEIVED

2024 NOV 21 PM 4:28

STATE  
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC

(850) 524-5437

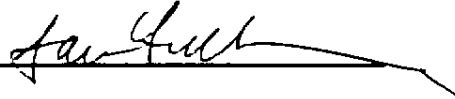
2330 CLARE DR

(850) 524-6243

TALLAHASSEE, FL 32309

(850) 491-9625

**Please use funds from this account: I20210000160: \$125.00**

**Authorization Signature:** 

**Business Name:** EH 611720 LLC

**Document#**

☐ Certified Copy

☐ Certificate of Status

**NEW FILINGS**

☐ Profit Corp

☐ Not for Profit

☒ Limited Liability

☐ Domestication

☐ LLLP

☐ CORP

☐ Other

☐ Other

**OTHER FILINGS**

☐ Apostille

Country

**AMMENDMENTS**

☐ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ Articles of Conversion

☐ Restated Articles of Incorporation

☐ Statement of Authority

**REGISTRATION/QUALIFICATIONS**

☐ Foreign Filing

☐ Reinstatement

☐ Qualification

☐ Annual Report

☐ Fictitious Name

2024 NOV 2  
A 9:47  
FILED  
TALLAHASSEE, FL

**EXAMINER'S INITIALS:** \_\_\_\_\_

FLORIDA CAPITAL COURIER SERVICES, INC

(850) 524-5437


2330 CLARE DR

(850) 524-6243

TALLAHASSEE, FL 32309

(850) 491-9625

**Please use funds from this account: I20210000160: \$125.00**

**Authorization Signature:** 

**Business Name:** EH 611720 LLC

**Document#**

     Certified Copy

     Certificate of Status

**NEW FILINGS**

     Profit Corp

     Not for Profit

  X   Limited Liability

     Domestication

     LLLP

     CORP

     Other

     Other

**OTHER FILINGS**

     Apostille

Country

**AMMENDMENTS**

     Amendment

     Resignation of R.A. Officer/Director

     Change of Registered Agent

     Revocation of Dissolution

     Merger

     Articles of Conversion

     Restated Articles of Incorporation

     Statement of Authority

**REGISTRATION/QUALIFICATIONS**

     Foreign Filing

     Reinstatement

     Qualification

     Annual Report

     Fictitious Name

FILED  
2024 NOV 21 AM 9:47  
TALLAHASSEE, FL

**EXAMINER'S INITIALS:** \_\_\_\_\_

**COVER LETTER**

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

**SUBJECT:** EH 611720 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:

YE ZHANG

Name of Person

IVY ACCOUNTING TAX & ADVISORY

Firm/Company

2800 GLADES CIRCLE STE 159

Address

WESTON, FL 33327

City/State and Zip Code

CONFIRMATION@IVY-CPA.COM

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

For further information concerning this matter, please call:

YE ZHANG

786

227-6928

at ( )

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

FILED  
TALLAHASSEE, FL  
2024 NOV 21 AM 9:47

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EH 611720 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:

2800 GLADES CIRCLE STE 159  
WESTON, FL 33327

Mailing Address:

2800 GLADES CIRCLE STE 159  
WESTON, FL 33327

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:

EVELYN HSU

Name

2800 GLADES CIRCLE STE 159

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

WESTON

FL

33327

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.*

Evelyn Hsu

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2024 NOV 21 AM 9:47

FILED

**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:**

AMBR

HSU, EVELYN

2800 GLADES CIRCLE STE 159

WESTON, FL 33327

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

Evelyn Hsu

**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.

Evelyn Hsu

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)**

2024 NOV 2 AM 9:47

FILED