

L24000505991

(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



200439550362

200439550362
12/09/24--01001--010 **125.00

FILED
2024 DEC -9 AM 9:47
TALLAHASSEE, FL
STATE

2024 DEC -9 AM 8:59
TALLAHASSEE, FL
STATE

COVER LETTER

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

SUBJECT: PARADISE AT THE OUTPOST 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:

IRINA HOMITCHI

Name of Person

Firm/Company

69 STONEGATE CR

Address

SANTA ROSA BEACH, FL 32459

City/State and Zip Code

chefib109@gmail.com

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

For further information concerning this matter, please call:

Irina Homitchi

850

714-3815

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

2024 DEC -9 AM 9:47
TALLAHASSEE, FL
STATE

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PARADISE AT THE OUTPOST 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:

4576 CO HWY 3280
FREEPORT, FL 32439

Mailing Address:

69 STONEGATE CR
SANTA ROSA BEACH, FL 32459

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:

IRINA HOMITCHI

Name

69 STONEGATE CR

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

<u>SANTA ROSA BEACH</u>	<u>FL</u>	<u>32459</u>
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)

FILED
STATE
TREASURER, FL

2024 DEC -9 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

IRINA HOMITCHI
69 STONEGATE CR
SANTA ROSA BEACH, FL 32459

AMBR

HECTOR MARTINEZ LEYVA
9950 US HWY 98 E LOT 18
MIRAMAR BEACH, FL 32550

(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:



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.

IRINA HOMITCHI

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 DEC -9 AM 9:47
TALLAHASSEE, FL
DEPT. OF STATE

FILED