

124000512742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

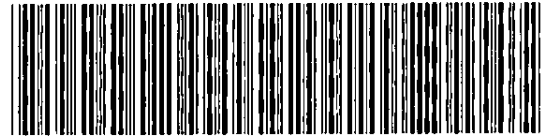
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900438940149

12/11/24--01001--023 \*\*125.00

STATE OF FLORIDA  
SECRETARY OF STATE

2024 DEC 11 AM 9:47

FILED

STATE OF FLORIDA  
SECRETARY OF STATE

2024 DEC 11 AM 11:11

RECEIVED

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: HEFZI-BA 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:

ORLIN GARCIA GIORGE  
Name of Person

HEFZI-BA LLC  
Firm/Company

1050 MITCHELL ST, COCOA, FL 32922  
Address

Orlingarcia001@gmail.com  
City/State and Zip Code  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ORLIN GIORGE at (901) 413-4465  
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 1 AM 9:47

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~HEFZI-BA~~ HEFZI-BA CONSTRUCTION SERVICES 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:

1056 Mitchell Street  
Cocoa, FL 32922

Mailing Address:

1056 Mitchell Street  
Cocoa, FL 32922

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:

Orlin Gerardo Garcia Gorge  
Name

1056 Mitchell Street  
Florida street address (P.O. Box **NOT** acceptable)

<u>Cocoa</u>	<u>FL</u>	<u>32922</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..*

Orlin Gerardo Garcia Gorge  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2024 DEC 11 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

Orlin Gerardo Garcia Giorge

1056 Mitchell Street

Cocoa, FL 32922

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2024 DEC 11 AM 9:47  
FILE

FILED

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 12/12/2024. (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.

ANY LEGAL BUSINESS IN THE STATE OF FLORIDA

**REQUIRED SIGNATURE:**

Orlin Gerardo Garcia Giorge

**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.

Orlin Gerardo Garcia Giorge

Typed or printed name of signer