

U250000008123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

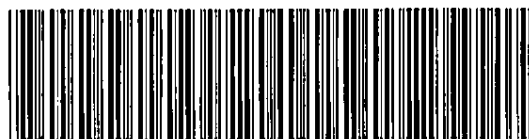
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2025 JAN -7 AM 9:47

FLORIDA
TALLAHASSEE, FL

2025 JAN -7 PM 3:15

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

Please use funds from the account 120210000160: \$125.00

Authorization Signature *James Filler*

6923 Valencia DR LLC

Business

#Document

Walk in

____ Will wait

____ Certified Copies of the attached articles of Organization.
____ Certificate of Status

NEW FILINGS

____ Profit
____ Not for Profit
____ ☒ LLC
____ Domestication
____ INC
____ CORP
____ OTHER

AMENDMENTS

____ Amendment
____ Resignation of R.A.
____ Change of Registered Agent
____ Dissolution/Withdrawal
____ Conversion
____ Statement of Authority
____ Merger
____ Amended and Restated Articles

OTHER FILINGS

____ Annual Report
____ Fictitious Name
____ Statement of Authority
____ APOSTIL. _____
 COUNTRY

REGISTRATION/QUALIFICATIONS

____ Foreign Filing
____ Partnership
____ Reinstatement
____ Statement of CORRECTION
____ Domestication of a Foreign Corp.
____ Other

EXAMINER'S INITIALS: _____

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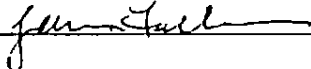
2025 JAN - 7 AM 9:47

TALLAHASSEE, FL

2025 JAN - 7 PM 3:02

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2330 CLARE DRIVE
TALLAHASSEE, FL 32309
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REGISTRATION/QUALIFICATIONS

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____ Domestication of a Foreign Corp.

____ Other

EXAMINER'S INITIALS: _____

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TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 6923 Valencia DR 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:

James J. Hurchalla, Esquire

Name of Person

James J. Hurchalla & Associates, PA

Firm/Company

1700 E Las Olas Blvd., Suite 206

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

jhurch@jjhpa.com

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

For further information concerning this matter, please call:

James J Hurchalla

954

462-6776

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

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TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

6923 Valencia DR 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:

6923 Valencia Drive
Miami Beach, FL 33109

Mailing Address:

6923 Valencia Drive
Miami Beach, FL 33109

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:

James J. Hurchalla, Esquire

Name

1700 E Las Olas Blvd., Suite 206

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

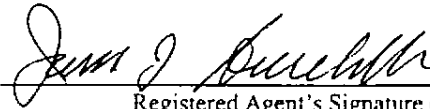
<u>Fort Lauderdale</u>	<u>FL</u>	<u>33301</u>
City	State	Zip

NOTARIAL STAMP
MIAMI, FL

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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)

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Lewis V. Swezy

6923 Valencia Drive

Miami Beach, FL 33109

(Use attachment if necessary)

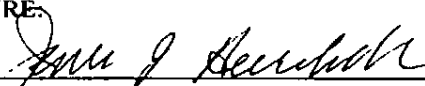
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

This is a Manager managed Limited Liability Company.

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.

James J. Hurchalla

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)

FILED
2023 JAN -7 AM 10:49
CLERK OF THE
DEPARTMENT OF
STATE
TALLAHASSEE, FL