

125000016902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

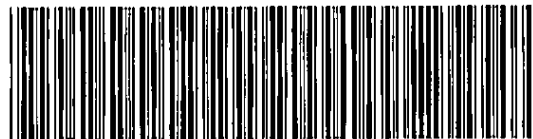
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800441815868

01/10/25--01001--013 125.00
2025 JAN 10 AM 9:47
FILED
TALLAHASSEE, FL

RECEIVED
2025 JAN 10 PM 2:49
TALLAHASSEE, FLORIDA

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: JENA 1/10

CERTIFIED COPY

XX PHOTOCOPY

CUS

XX FILING

LLC

1. BANOFF GROUP, LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

FILED
2025 JAN 10 AM 9:47
TALLAHASSEE, FL

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

BANOFF GROUP, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

**6353 VIBERNUM CT, APT 101
APOLLO BEACH, FL 33572**

Mailing Address:

**6353 VIBERNUM CT, APT 101
APOLLO BEACH, FL 33572**

FILED
2025 JAN 10 AM 9:47
CLERK OF COURT
JANUARY 10, 2025
CLERK OF COURT
JANUARY 10, 2025

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

JERONIMO ARMIN FIGUEROA FUNEZ

6353 VIBERNUM CT, APT 101

APOLLO BEACH, FL 33572

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.

/S/ JERONIMO ARMIN FIGUEROA FUNEZ

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Members/Managers

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

AMBR

JERONIMO ARMIN FIGUEROA FUNEZ

6353 VIBERNUM CT, APT 101

APOLLO BEACH, FL 33572

ARTICLE V: EFFECTIVE DATE

The effective date of this filing is January 9, 2025.

REQUIRED SIGNATURE:

/S/ JERONIMO ARMIN FIGUEROA FUNEZ

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.

JERONIMO ARMIN FIGUEROA FUNEZ, AMBR

Typed or printed name of signee

FILED
2025 JAN 10 AM 9:47
TAMPA, FL