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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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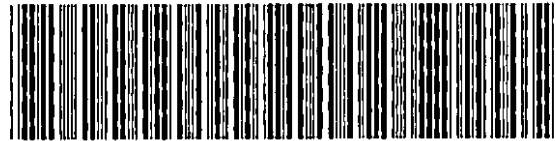
(Business Entity Name)

(Document Number)

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# TALLAHASSEE COURIER SERVICES LLC

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TALLAHASSEECOURIER@GMAIL.COM

COVER LETTER

Brandon Long, (850) 491-9625

**NEW LLC**

**FILING FEE**

**\$125.00 (check attached)**

**Business Name:**

**NEUROHACKERS LLC**

**Document Number:**

**(NEW FILING)**

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# TALLAHASSEE COURIER SERVICES LLC

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COVER LETTER

Brandon Long, (850) 491-9625

**NEW LLC**

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**NEUROHACKERS LLC**

**Document Number:**

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**COVER LETTER**

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

**SUBJECT: NEUROHACKERS 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:

ZULY TATIANA ROJAS RAMOS

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

6900 TAVISTOCK LAKES BLVD SUITE 400

\_\_\_\_\_  
City/State and Zip Code

ORLANDO FLORIDA 32827

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

For further information concerning this matter, please call:

ZULY TATIANA ROA RAMOS 407 334-6803

\_\_\_\_\_  
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NEWROHACKERS 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:

6900 TAVISTOCK LAKES BLVD SUITE 400  
ORLANDO FLORIDA 32837

Mailing Address:

6900 TAVISTOCK BLVD SUITE 400  
ORLANDO FLORIDA 32827

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:

ADVANCE INSURANCE GROUP AND TAX SERVICES

Name

13550 VILLAGE PARK DR UNIT 125

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

ORLANDO

FLORIDA 32837

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.*

**YOLANDA ZAMBRANO**

\_\_\_\_\_  
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:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

ZULY TATIANA ROJAS RAMOS  
2953 VOYAGER AVENUE  
ST CLOUD FLORIDA 34771

MGR

MARTHA RAMOS  
3071 ILLA WAY  
ST COUD FLORIDA 34771

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: JUNE 24, 2025. (OPTIONAL) CS

(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:**

ZULY TATIANA ROJAS RAMOS

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.

ZULY TATIANA ROJAS RAMOS

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)