

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ASAP LAW, PLLC
Account Number : 120190000038
Phone : (407)461-9885
Fax Number : (407)641-8159

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: MYMORTON@ASAPLAWFIRM.COM

FLORIDA LIMITED LIABILITY CO.

Buen Vecino Apartments Management, LLC

Certificate of Status	1
Certified Copy	0
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DIVISION OF CORPORATIONS
TALLAHASSEE, FL
FLORIDA DEPARTMENT OF STATE

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: BUEN VECINO APARTMENTS MANAGEMENT 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:

MYLIKA MORTON CPA ESQ

Name of Person

ASAP LAW PLLC

Firm/Company

111 N ORANGE AVE STE 800

Address

ORLANDO, FL 32801

City/State and Zip Code

MYMORTON@ASAPLAWFIRM.COM

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

For further information concerning this matter, please call:

MYLIKA MORTON

407

461-9885

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 6127
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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STATE
OFFICE
FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

BUEN VECINO APARTMENTS MANAGEMENT, 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:	Mailing Address:
<u>700 GENERATION POINT</u>	<u>700 GENERATION POINT</u>
<u>KISSIMMEE, FL 34744</u>	<u>KISSIMMEE, FL 34744</u>

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:

ASAP LAW PLLC
None
111 N ORANGE AVE STE 800
Florida street address (P.O. Box NOT acceptable)
ORLANDO FL 32801
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.

Mylika Morton
Registered Agent's Signature (REQUIRED)

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CLERK OF STATE
TALLAHASSEE, FL

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

AMBR

OSCEOLA COUNCIL ON AGING

700 GENERATION POINT

KISSIMMEE, FL 34744

MBR

THE MID-ATLANTIC FOUNDATION

106 E WALNUT STREET

GOLDSBORO, NC 27533

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing, 02/06/2023 (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.

WENDY FORD

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)

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STATE OF FLORIDA
TALLAHASSEE, FL