Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000050943 3)))



H250000509433ABC

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Division of Corporations

Fax Number : (850)617-6381

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## FLORIDA LIMITED LIABILITY CO. SFVR MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Help



February 11, 2025

FLORIDA DEPARTMENT OF STATE Division of Corporations

EXPRESS

SUBJECT: SFVR MANAGEMENT, LLC

REF: W25000017118

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L21000481055.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch Operations Manager A FAX Aud. #: #25000050943 Letter Number: 625A00002845

From: Yanet Avila

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITIED LIABILITY COMPANY		
RTICLE I - Name:		
he name of the Limited Liability Company	y is:	
SFVR MANAGEMENT, LLC		
DI TRIMITATORIALITATION		
RTICLE II - Address:	ds "Limited Liability Company, "L.L.C.," or "LLC.")  te principal office of the Limited Liability Company is:	
RTICLE II - Address: he mailing address and street address of th	ne principal office of the Limited Liability Company is:	
RTICLE II - Address:	ne principal office of the Limited Liability Company is:	
RTICLE II - Address: he mailing address and street address of th	te principal office of the Limited Liability Company is:	

(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:

VICTORIA C RECU	<u>IERO</u>	
	Name	
8532 WINDSOR DE	RIVE	
Florida street addres	s (P.O. Box <u>NOT</u> ac	cceptable)
MIRAMAR	FL	33025
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..

Victoria Recuero
Registered Agent's Signature (REQUIRED)

(CONTINUED)

(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	"AMBR" = Authorized Member "MGR" = Manager	Name and Address;
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	MGR	8532 WINDSOR DRIVE
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:		MIRAMAR, FL 33025
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:		
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:		
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:		
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:		
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:		<u></u>
CLE V: Effective date, if other than the date of filing:		<del></del>
effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 to of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not current's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REOURED SIGNATURE:  Victoria Rocuoro  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.	(Use attachment if necessary)	
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.	effective date is listed, the date must be te of filing.)  If the date inserted in this block does no current's effective date on the Departme	specific and cannot be more than five business days prior to or 90 da at meet the applicable statutory filing requirements, this date will not be
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VICTORIA C RECLIERO		ria Recuero
VICTORIA C RECORD	Victo Signature of a This document is exel I am aware that any fa	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. dise information submitted in a document to the Department of State
	Signature of a This document is exel am aware that any faconstitutes a third deg	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)
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