

**Division of Corporations** Electronic Filing Cover Sheet

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.

(((H250000676313)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : TAX CARE CELEBRATION

Account Number : I20190000007 Phone : (561)873-5007 Fax Number : (321)473-3052

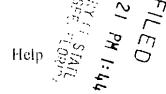
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Cmail.	Address:		
Emali	Address:		

## FLORIDA LIMITED LIABILITY CO. BARNANAPOLI LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu



### COVER LETTER

	New Filing Section Division of Corpor				
eun ice	BARNANAPO	DLI LLC			
SUBJEC	.1:	Name of Lim	ited Liabil	ty Company	<del></del>
The encl	osed Articles of Org	anization and fee(s) are	submitted	for filing.	
Please re	turn all corresponde	nce concerning this ma	tter to the f	ollowing:	
	JESSICA TORR	ES			
			Name of	Person	
	TAX CARE CEI	EBRATITON			
	<del></del>		Firm'Co	mpany	<del></del>
	1400 NW 107Tł	I AVE STE 203			
		<del></del>	Addr	288	
	SWEETWATER	, FLORIDA 33172			
	JESSICA.TORRE	Ci S@TAXCAREINC.C	•	d Zip Code	
	E-ma	il address: (to be used	for future a	mual report notificati	on)
For further	information concer	ning this matter, please	call:		
	JESSICA TORRI	ES 78 al (		878-0957	
	Name of	· · · · · · · · · · · · · · · · · · ·	ea Code	Daytime Telephon	e Number
Enclosed	is a check for the fo	llowing amount:			
<b>■\$</b> 125.0		\$130,00 Filing Fee & ertificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Ac New Filing Division of			Street Address New Filing Section Di The Centre of Tallaha	

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BARNANAPOLI LI						
(Must cont	ain the words "Limited I	Liability Company, "L."	L.C" or "LLC.")			
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	ffice of the Limited Lia	bility Company is:			
<u>Princip</u>	al Office Address:		Mailing Address	ž:		
2950 SW 3RD AVENUE			2950 SW 3RD AVENUE			
APT. 3D		APT. 31				
MIAMI, FLORIDA 33129		<u>MIAMI</u>	MIAMI, FLORIDA 33129			
(The Limited Liability Company another business entity with an arther hame and the Florida street	ictive Florida registratio	on.) I agent are:		CNETARY CI	2025 FEB 21 PM 1:44	FILED
	13436 SW 62ND ST	REET UNIT H-105		10.1 VIS	<del></del>	_
	Florida street addres	s (P.O. Box NOT acce	ptable)	7.01K	11	
	MIAMI	FLORIDA	33183			
	City	State	Zip			
Having been named as registered place designated in this certificate further agree to comply with the professional for the professional	, I hereby accept the app rovisions of all statutes re	ointment as registered a elating to the proper an	igent and agree to act in t	this capacity. I of my duties, an	,	

(CONTINUED)

# ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager JUAN PALMADA MGRM 2950 SW 3RD AVENUE, APT. D MIAMI, FLORIDA 33129 (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.

#### 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.

JUAN PALMADA

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)