

L 23000056213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

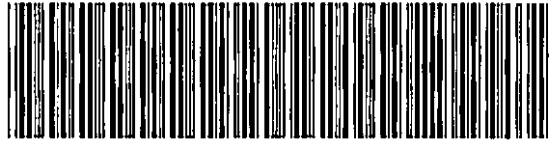
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/19/23--01012--002 **125.00

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STATE

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COVER LETTER

**TO: New Filing Section
Division of Corporations
SYMAR STORE LLC**

SUBJECT: _____
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:

Hernan Duarte

Name of Person

Firm/Company

5551 Shasta Daisy Pl

Address

Land o Lakes, FL 34639

City/State and Zip Code

symarstore.llc@gmail.com

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

For further information concerning this matter, please call:

Hernan Duarte 305 250 8125

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

2023 JAN 19 PM 2:01
 STATE
 SECRETARIAT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SYMAR STORE 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:

CARRERA 130 #11-153 CASA 2
CALI - DEPARTAMENTO DEL VALLE
COLOMBIA

5551 SHASTA DAISY PL
LAND O LAKES, FL 34639
USA

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:

HERNAN DUARTE
Name

5551 SHASTA DAISY PL
Florida street address (P.O. Box **NOT** acceptable)

LAND O LAKES FLORIDA 34639
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.

Hernan Duarte 001-000 ver 1.0d
07/16/23 3:28 PM EST
JBVC-652M470U-11921

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

ELSY DEL MAR DUARTE ROMERO

CARRERA 130 #11-153 CASA 2

CALI - VALLE - COLOMBIA

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(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:

ELSY DEL MAR DUARTE ROMERO dot (cop ver f ed
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6P48-03DV-OPFI-VPM

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.

ELSY DEL MAR DUARTE ROMERO

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)

2023 JAN 19 PM 2:01
STATE
CORPORATION
RECORDS
&
REGISTRATION
DIVISION

ED