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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : LONG LAW, P.A.
Account Number : I2020000163
Phone : (239)400-2060
Fax Number : (239)268-6101

9:52 AM 3/15/23

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

FDR Wings VII, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

ALL ASSISTED FILING

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: FDR Wings VII, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees(s) are submitted for filing
Please return all correspondence concerning this matter to the following

Keith Long
Name of Person
Long Law, P.A.
Firm/Company
1306 SE 46th Ln., Suite 1
Address
Cape Coral, FL 33904
City/State and Zip Code
keith@longlawfl.com
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call

Keith Long at (239) 400-2060
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

TALLAHASSEE
2023 MAR 15 AM 3:53
DIVISION

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is

FDR Wings VII, 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:

11560 Tamiami Trail East
Naples, FL 34113

1564 E. Los Ebanos Blvd
Brownsville, TX 78526

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:

Long, Law, P.A.

Name

1306 SE 46th Ln., Suite 1

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

Cape Coral

FL

33904

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

KEITH LONG

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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AMERICAN ASSOCIATION OF REGISTERED AGENTS

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

MGR

Raul Torres

1564 E Los Ebanos Blvd

Brownsville, TX 78520

(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:

KEITH LONG

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.

Keith Long, Attorney-in-fact

Typed or printed name of signer

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)

FILED
MAR 15 2023
STATE OF FLORIDA
CORPORATION

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