

L19000097903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

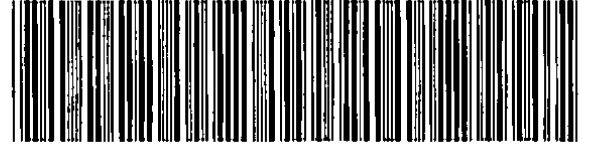
(Business Entity Name)

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TALLAHASSEE, FLORIDA

N CULLIGAN

APR 17 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FLEH Investments 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:

Name: Jeremy Klein
Firm/Company: Recalde Law Firm, P.A. 440
Address: 10800 Biscayne Blvd, Suite ~~988~~, Miami, FL 33161
Email address (to be used for future annual report notification):
felipelehmann@gmail.com

For further information concerning this matter, please call:

Jeremy Klein at 305-792-9100

Enclosed is a check for the following amount:

\$125.00 Filing fee

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

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is: FLEH Investments LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: 20200 W. Dixie Hwy, Suite G11-C
Aventura, FL 33180


Mailing Address: 20200 W. Dixie Hwy, Suite G11-C
Aventura, FL 33180

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ARTICLE III – Registered Agent, Registered Office, & Registered Agent’s Signature:

Registered Agent Name: Rafael Recalde
Florida street address: 10800 Biscayne Blvd, Suite 988
Miami, FL 33161

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.



Registered Agent’s Signature

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	<u>Name and Address</u>
Manager	Felipe Lehmann 20200 W. Dixie Hwy, Suite G11-C Aventura, FL 33180

REQUIRED SIGNATURE:



**Signature of a member or 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.

Felipe Lehmann

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, FLORIDA