## L71000094248

| (Requestor's Name)                      |
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|   |
| (Address)                               |
|   |
| (Address)                               |
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|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| , , ,                                   |
| (Document Number)                       |
| (Bocument Number)                       |
|   |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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21 MAR -4 FM 2:13

J. J.

## - CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

|               | <del></del> |      | _                              |                 |
|---------------|-------------|------|--------------------------------|-----------------|
| ORENA LOPEZ   | HOMES LLC   |      |                                |                 |
|               |             |      |                                |                 |
|               |             |      |                                |                 |
|               |             |      |                                |                 |
|               |             |      |                                |                 |
|               |             |      | Art of Inc. File               |                 |
|               | •           |      | LTD Partnership File           |                 |
|               |             |      | Foreign Corp. File             |                 |
|               |             |      | L.C. File                      |                 |
|               |             |      | Fictitious Name File           | _               |
|               |             |      | Trade/Service Mark             |                 |
|               |             |      | Merger File                    |                 |
|               |             |      | Art. of Amend. File            | - 5%            |
|               |             |      | RA Resignation                 | <u> </u>        |
|               |             |      | Dissolution / Withdrawal       |                 |
|               |             |      | Annual Report / Reinstatement  | 4 <del>:-</del> |
|               |             |      | Cert. Copy                     |                 |
|               |             |      | Photo Copy                     |                 |
|               |             |      | Certificate of Good Standing   | C ,             |
|               |             |      | Certificate of Status          | _               |
|               |             |      | Certificate of Fictitious Name |                 |
|               |             |      | Corp Record Search             | _ <del>_</del>  |
|               |             |      | Officer Search                 |                 |
|               |             |      | Fictitious Search              |                 |
| Signature     |             |      | Fictitious Owner Search        |                 |
| ·             |             |      | Vehicle Search                 |                 |
|               | <b></b>     |      | Driving Record                 |                 |
| Requested by: |             |      | UCC 1 or 3 File                |                 |
| Nome          | Data        | Time | UCC 11 Search                  |                 |
| Name          | Date        | HINC | UCC 11 Retrieval               | <u>.</u>        |
| Walk-In       | Will Pick   | Up   | Courier                        |                 |

## COVER LETTER

| CV LIN AD I FIN  |
|--|
| TO: New Filing Section Division of Corporations  |
| SUBJECT: LORENA LOPEZ HOWES CLC.  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:  |
| Loreva lopez   |
| Name of Person   |
|  |
| Firm/Company   |
| 3036 BUZABETH St.  |
| Address  |
| City/State and Zip Code  City/State and Zip Code  Cou  E-mail address: (to be used for filture annual report notification)   |
| For further information concerning this matter, please call:   |
| Name of Person Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:  |
| \$125.00 Filing Fee \$  S130.00 Filing Fee &  Certificate of Status  Certificate of Status &  Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, 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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

ARTICLE I - Name:
The name of the Limited Liability Company is:

| Principal Office Address: Mailing Address:   |           |   |
|--|-----------|---|
| COCONST COCONS FI COCONST COCO | مت        |   |
| 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:    Non-a location logez     Name   Sold Eula Style St.     Florida street address (P.O. Box NOT acceptable)   |           |   |
| Coccount Group #1. 33133   |           |   |
| 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 three 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 (REOUIRED)  |           |   |
| (CONTINUED)  |           |   |
|  | 221 - 1-4 |   |
|  | · ,       | t |
|  |           |   |

| Title;   | Name and Address:   |
|--|---|
| "AMBR" = Authorized Member "MGR" = Manager   | UNIENIA C. Ledo   |
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| (Use attachment if necessary)  LEV: Effective date, if other than the date of filin  | g:  |
| LE V: Effective date, if other than the date of filin<br>Tective date is listed, the date must be specific a<br>of filing.)  | g:  |
| LE V: Effective date, if other than the date of filin fective date is listed, the date must be specific a of filing.) If the date inserted in this block does not meet the ument's effective date on the Department of State   | applicable statutory filing requirements, this date will no |
| LE V: Effective date, if other than the date of filin fective date is listed, the date must be specific a of filing.) If the date inserted in this block does not meet the ument's effective date on the Department of State   | applicable statutory filing requirements, this date will no |
| LE V: Effective date, if other than the date of filin fective date is listed, the date must be specific a of filing.)  If the date inserted in this block does not meet the ument's effective date on the Department of State  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member  This document is executed in a name of the provision of the pr | applicable statutory filing requirements, this date will no |

\$ 30,00 Certified Copy (Optional) \$ 5,00 Certificate of Status (Optional)