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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

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

Email Address: _____

2022 JAN 10 AM 8:10

**FLORIDA LIMITED LIABILITY CO.
5153 DUPLEX, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

2022 JAN 10 AM 8:13
FD

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Date: January 5, 2022

ARTICLE I – NAME:

The name of the Limited Liability Company is:

5153 DUPLEX, LLC

ARTICLE II – ADDRESS:

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

**9710 EAST INDIGO STREET STE. 201
PALMETTO BAY, FL 33157**

ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

The name and the Florida street address of the registered agent are:

RAFAEL E LOPEZ

Name

9710 EAST INDIGO STREET STE. 201

Florida Street Address

PALMETTO BAY, FL 33157

City, State, and Zip

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APPROVED BY STATE

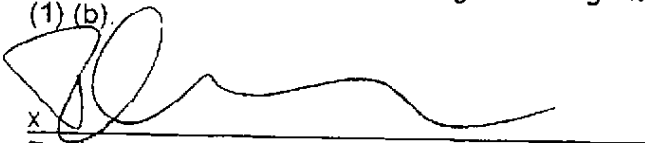
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Having been named as registered agent and to accept service of process for the above stated limited liability Company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. 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 605.0203

(1) (b)



x
Registered Agent's Signature
RAFAEL E LOPEZ

ARTICLE IV – MANAGEMENT

The Limited Liability Company is to be considered a single member LLC and is therefore a SINGLE MEMBER LLC company with single manager. The NAME and ADDRESS of initial MANAGER/MEMBER are as follows:

Title
Authorized Member

Name and Address:
RAFAEL E LOPEZ
9710 EAST INDIGO STREET STE. 201
PALMETTO BAY, FL 33157

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ARTICLE V BUSINESS DEDUCTIONS

Per IRS regulations the corporation may pay and deduct the health insurance and medical expenses of its directors and employees. Additionally, business auto expenses may be reimbursed to directors and employees and thus deducted from current operations.

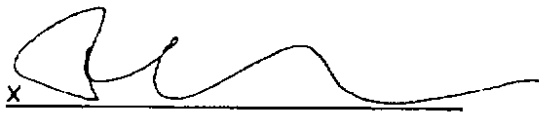
ARTICLE VI – EFFECTIVE DATE

The effective date of the Limited Liability Company shall be: JANUARY 10, 2022.


X

Signature of member or an authorized representative of a member

In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.


X

RAFAEL E LOPEZ
Member/Manager of LLC

January 5, 2022

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