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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 : MARVEN ENTERPRISES, INC
Account Number : I20210000171
Phone : (786)440-5396
Fax Number : (800)249-3601

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

Email Address: Dibanksrealtor@gmail.com

**FLORIDA LIMITED LIABILITY CO.
LuMacSan Bienes Raices, LLC**

Certificate of Status	1
Certified Copy	0
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DIVISION OF CORPORATIONS, FL

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: LuMacSan Bienes Raices, 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:

SALOME VENTURA
Name of Person
MARVEN ENTERPRISES, INC
Firm/Company
5901 NW 183RD ST STE 138
Address
HIALEAH, FL 33015
City/State and Zip Code
marventaxes@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SALOME VENTURA at (786) 440-5396
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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

LuMacSan Bienes Raices, 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:

19109 SW 80TH CT
CUTLER BAY, FL 33157

19109 SW 80TH CT
CUTLER BAY, FL 33157

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:

DIANA BANKS-BASERVA
Name

17945 SW 97TH AVE APT 509
Florida street address (P.O. Box **NOT** acceptable)

PALMETTO BAY FL 33157
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.

Diana Banks-Baserva
Registered Agent's Signature (REQUIRED)

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MARVEN TAXES & ACCOUNTING
CORPORATION
FLORIDA

(CONTINUED)

