

L07000029766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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(Business Entity Name)

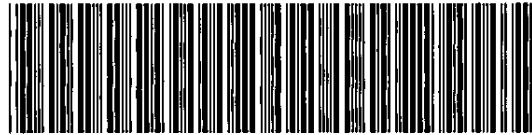
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

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TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. LYI AN Investment LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time _____ ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Article I -Name

The name of the Limited Liability Company is:

LIYI AN INVESTMENT LLC

Article II – Address:

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

16859 SW 16 ST

PEMBROKE PINES, FL 33027

Article III – Registered agent, Registered Office & registered Agent's Signature:

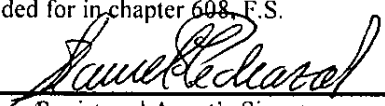
The name and the Florida street address of the registered agent are:

MANUEL PEDRAZA

16859 SW 16 ST

PEMBROKE PINES, FL 33027

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 obligation of my position as registered agent as provided for in chapter 608, F.S.



Registered Agent's Signature

Article IV – Management

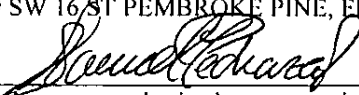
This limited liability company is to be managed by four managers, whose name and address are as follows:

MANUEL PEDRAZA 16859 SW 16 ST PEMBROKE PINES, FL 33027 (MANAGER)

DORIS ECHAVARRIA 16859 SW 16 ST PEMBROKE PINES, FL 33027 (MANAGER)

LINDA PEDRAZA 16859 SW 16 ST PEMBROKE PINES, FL 33027 (MANAGER)

ANGELA PEDRAZA 16859 SW 16 ST PEMBROKE PINE, FL 33027 (MANAGER)



Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury That the facts stated herein are true.)

MANUEL PEDRAZA

Typed name of Member

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