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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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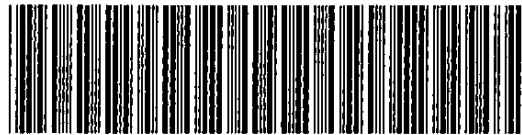
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LYCINTERNATIONAL SUPPLIER 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:

CARLOS A FERNANDEZ

(Name of Person)

(Firm/Company)

14345 NW 14 CT

(Address)

PEMBROKE PINES/ FL/ 33028

(City/State and Zip Code)

For further information concerning this matter, please call:

Carlos A. Fernandez at ( 954 ) 665-1179  
(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**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

LYCINTERNATIONAL SUPPLIER LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

### ARTICLE II - Address:

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

#### Principal Office Address:

5274 NW 114 Ave Apt 306

MIAMI, FL 33178

#### Mailing Address:

5274 NW 114 Ave Apt 306

MIAMI, FL 33178

### 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:

CARLOS A FERNANDEZ

Name

14345 NW 14 Ct.

Florida street address (P.O. Box NOT acceptable)

PEMBROKE PINES FL 33028

City, State, and Zip

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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 608, F.S..*

Carlos A. Fernandez

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

LISSETTE HURTADO

1215 FAIRLAKE TRACE APT 1005

WESTON, FL 33326

MGRM

CARLOS D CAMPOS

5274 NW 114 Ave Apt 306

MIAMI, FL 33178

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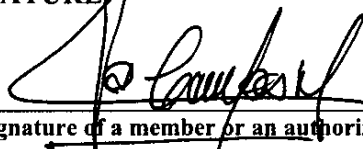
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

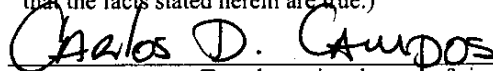
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



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.)



Typed or printed name of signer

**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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**ARTICLES OF ORGANIZATION Continuation:**

**ARTICLE VI - Adding Manager Members to the Company:**

The original owners agree to add in the future additional manager members. The maximum number of additional manager members will be four (4). Also, management decisions will only take place if both original members are in agreement.

**ARTICLE VII - Selling of Small Medical Equipment:**

The original owners agree that revenues and expenses generated by the sale of small medical equipment will go only to Manager, Carlos D Campos. At the same time, Carlos will also be the only one responsible of paying the taxes incurred by the sale of the small medical equipment.

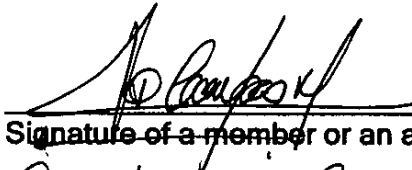
**ARTICLE VIII - Selling of Merchandise:**

The original owners agree that revenues and expenses generated by the sale of jewelry; clothing & other items will be distributed in equal parts (50%-50%) between the two owners. Also, reporting and payment of the taxes incurred by the sale of this merchandise will be responsibility of both owners.

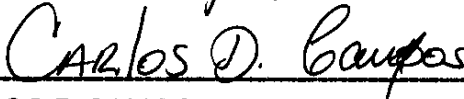
**ARTICLE IX - Resignation of Manager (s) Members:**

The original owners agree that in case of a manager member decides to leave the company, the other manager (s) or manager (s) member (s) can buy or negotiate with the resigning manager and continue operating the company.

**REQUIRED SIGNATURE :**



Signature of a member or an authorized representative of a member



CARLOS D CAMPOS



LISSETTE HURTADO

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