

L100000043676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100176992231

04/23/10--01042--021 **130.00

EFFECTIVE DATE

4/20/2010

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR 23 AM 8:45

B. KOHR

APR 27 2010

EXAMINER

COVER LETTER

EFFECTIVE DATE 4/20/2010

TO: Registration Section
Division of Corporations

SUBJECT: Luella Enterprises 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:

LUC DESPINOS JR.

Name of Person

(DBA) LDT Services

Firm/Company

P.O. Box 7715

Address

Port Saint Lucie, FL 34985

City/State and Zip Code

moe.sly1000@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUC DESPINOS JR.

Name of Person

at (772) 215-1136

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

FILED STATE
SECRETARY OF CORPORATIONS
10 APR 23 AM 8:45

EFFECTIVE DATE 4/20/2010

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lucia Enterprises LLC.

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

FILED STATE
SECRETARY OF CORPORATIONS
10 APR 23 AM 8:45

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address: (DBA) LDS services

2686 SW Chestnut Lane

P.O. Box 7715

Port Saint Lucie FL 34953

Port Saint Lucie, FL 34985

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:

Barbara Despinos

Name

2686 SW Chestnut Lane

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

port St. Lucie FL 34953

City, State, and 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 I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Barbara Despinos

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

MGR

Name and Address:

LUC DESPINO S JR.
2086 SW CHESTNUT LANE
PORT SAINT LUCIE, FL 34953

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 4-20-2010 (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:

LUC DESPINO S JR.

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.)

LUC DESPINO S JR.

Typed or printed name of signee

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)