

L10000099521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

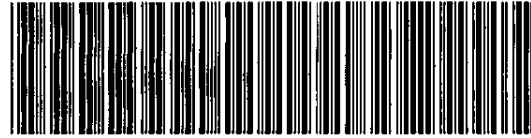
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700185426167

09/22/10--01037--003 **160.00

FILED

2010 SEP 22 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

SEP 23 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LDA GRAPHICS
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:

Lidia Alvarez

Name of Person

LDA GRAPHICS

Firm/Company

8504 N.W. 8 STREET

Address

MIAMI, FL 33126-3709

City/State and Zip Code

LDAGRAPH@bellsouth.net

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

For further information concerning this matter, please call:

Lidia Alvarez

Name of Person

at (305) 265-2130

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

2010 SEP 22 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LDA GRAPHICS, LLC

(Must end with 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:

8504 N.W. 8 STREET
MIAMI, FL 33126-3709

Mailing Address:

8504 N.W. 8 STREET
MIAMI, FL 33126-3709

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:

Lidia Alvarez

Name

8504 N.W. 8 STREET

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

MIAMI, FL 33126-3709

City, State, and Zip

2009 SEP 22 AM 11:07
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

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..

Lidia Alvarez

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

Name and Address:

MGR

Lidia Alvarez
8504 N.W. 8 STREET
MIAMI, FL 33126-3709

MGRM

MARIA C. LOPEZ
8504 N.W. 8 STREET
MIAMI, FL 33126-3709

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: September 24, 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.)

2010 SEP 22 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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.)

Lidia Alvarez
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)