

L10000127440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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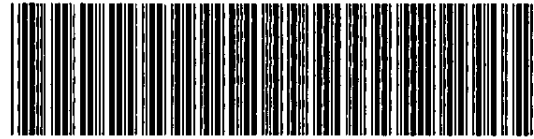
(Business Entity Name)

(Document Number)

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EFFECTIVE DATE
12/06/2010

12/10/10--01012--009 **130.00

FILED
10 DEC 10 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. BALLY
EXAMINER
DEC 13 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lizardo & Associates, L.L.C.
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:

Annette Lizardo

Name of Person

Lizardo & Associates, L.L.C.

Firm/Company

301 Clematis Street, Suite #3000

Address

W. Palm Beach, FL 33401

City/State and Zip Code

amlizardo@yahoo.com

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

For further information concerning this matter, please call:

Annette Lizardo

Name of Person

at (305) 756-7708

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lizardo & Associates, L.L.C.

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

EFFECTIVE DATE
12/06/2010

ARTICLE II - Address:

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

Principal Office Address:

301 Clematis St., Suite #3000

W. Palm Beach, FL 33401

Mailing Address:

P.O. Box 542139

W. Palm Beach, FL 33454-2139

Greenacres

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:

Annette Lizardo, Esq.

Name

301 Clematis St., #3000

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

W. Palm Beach, 33401

FL

City, State, and Zip

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TALLAHASSEE, FLORIDA

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Name and Address:

Annette Lizardo

301 Clematis St., #3000

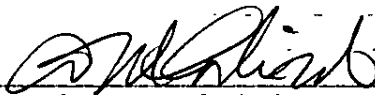
West Palm Beach, FL 33401

THE NAME AND ADDRESS OF EACH MEMBER OF THE ORGANIZATION IS AS FOLLOWS:

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12/6/10 (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in §.817.155, F.S.)

Annette Lizardo

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)**