

03/23/2030 03:53

#6570 P.001/004

L1200004163

FLORIDA LIMITED LIABILITY CO.
Division of Corporations
Electronic Filing Cover Sheet

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**FLORIDA LIMITED LIABILITY CO.
LUTZIVAN LLC**

Certificate of Status	1
Certified Copy	0
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J. BRYAN

MAY 14 2012

EXAMINER

H12000129483

03/11/12

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of LUTZIVAN INC
of Doc # P12000029327 are the same owners of the attached
articles of incorporation. We have dissolved the company and have no intention
of reopening it. Thank you for your help in this matter.

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Very sincerely,



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LUTZIVAN 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:2600 NW 72 AVE
DORAL-FL 33122Mailing Address:2600 NW 72 AVE
DORAL-FL 33122

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:

CLAUDIA CZETYRKO

Name

7660 SW 83 COURT

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

MIAMI

FL 33143

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.


 Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

JAVIER ALVARADO

2600 NW 72 AVE

DORAL FL 33143

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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 _____ 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 s.817.155, F.S.)

JAVIER ALVARADO

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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