000114346 Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850) 617-6383

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FLORIDA LIMITED LIABILITY CO.

looksbylo, llc

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COVER LETTER

	itration ion of C	Scetton orporations		•
SUBJECT:	Lool	ksByLo, LLC		
occurrent.			ed Liability Compa	ny
The enclosed	Articles (of Organization and fee(s) are s	submitted for filing	
Please return :	ill correa	pondence concerning this matt	er to the following:	
Ma	хМ	. Hagen		
			Nume of Person	
Ha	gen	& Hagen, P.A	\•	
			Firm/Company	
35	31 G	Friffin Rd		
			Address	
Fo	t La	uderdale, FL	33312	
mba	anne		y/State and Zip Code	
111116	Beug	Dhagenlawfirm.cor		rt polification)
For further int	noitanno	concerning this matter, please	cali;	
Max M	ı. Ha	agen	_a ,954	987-0515
	Name	of Person		& Daytims Telephone Number
Enclosed is	check f	for the following amount:		•
□\$125.00 Fil	ing Fee	☐\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filin Certified Co (additional copy	py Certificate of Status &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporations ulkling cutive Center Circle ice, FL 32301

4 13000180224

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compa-	ny is:
LockeByLo, LLC	
(Most end with the words "Limited	d 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:	Mailing Address:
3531 Griffin Rd	3531 Griffin Rd
Fort Lauderdale, FL 33312	Fort Lauderdale, FL 33313

The name and the Florida street address of Max M. Hagen 3531 Griffin Rd	Name M. Caglu
Florida st	set address (P.O. Box <u>NOT</u> acceptable)
Fort Lauderdale, F	L 33312 _L
	City, State, and Zip
liability company at the place designate registered agent and agree to act in this all statutes relating to the proper and coand accept the obligations of my position.	and to accept service of process for the above stated limited ed in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of amplete performance of my duties, and I am familiar with as registered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

DIVISION OF CORPORATION

H13000180224

<u>Titte:</u> "MGR" ≃ Manager "MGRM" = Managing Member	<u>Name and Address:</u>	
MORM	Leuran Homendez	
	3531 Griffin Rd	
	Fort Lauderdale, PL 35312	
		•
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(Use attachment if necessary) CLE V: Effective date, if other to effective date is listed, the date of file or 90 days after the date of file.	than the date of filing:	даў ь
LL V: Effective date, if other i	to must be specific and cannot be more than five huslness) days
TLE V: Effective date, if other is effective date is listed, the date or 90 days after the date of fine recoursed SIGNATURE:	to must be specific and cannot be more than five huslness) d ay s
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CLE V: Effective date, if other is effective date is listed, the date of five or 90 days after the date of five effective days after the date of five effective days after the date of five effective days after the effective entire ent	ing.) WW. Low Law Lead member. I member or an authorized representative of a member. Sign 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. Its information submitted in a document to the Department of State see fellony as provided for in a.817,155, F.S.)	13 AUG
CLE V: Effective date, if other is effective date is listed, the date of five or 90 days after the date of five effective days after the date of five effective days after the date of five effective days after the effective entire ent	ing.) Will Land La Land cannot be more than five business ling.) Will Land La Land Land Land Land Land Land L	13 AUG 13
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