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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE OF STATE OF SECRETARY OF CORPORATIONS



COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: LAVI MANAGEMENT LLC
	Name of Limited Liability Company
The enc	closed Articles of Organization and fee(s) are submitted for filing.
Please r	return all correspondence concerning this matter to the following:
	WANDEY ALEXIS
	Name of Person
	LAVI MANAGEMENT LLC
	Firm/Company
	6460 N. DIXIE HWY
	Address
	BOCA RATON, FLA. 33487
	City/State and Zip Code
	wandey alexis@yahoo.com E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
Wa	Name of Person at (954) 934 - 3433 Area Code Daytime Telephone Number
٦ .	of is a check for the following amount: O Filing Fee X Certificate of Status Certified Copy (additional copy is enclosed) S160.00 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 Limite	ed Liability Company is:			
	LAVI MANAGEME	NT LLC.		
1)	Must end with the words	"Limited Liability	Company, "L.L	C.," or "LLC.")
ARTICLE II - Address an	ss: d street address of the p	rincipal office of the	Limited Liabi	lity Company is:
Principal Office Addr	ess:	Mailing Addre	<u>ss:</u>	
6460 N. DIXIE			SAME	
BOCA RATON, FL	A. 33487			
another business entity	with an active Florida r da street address of the r WANDEY ALEX	egistration.) registered agent are:	_	nust designate an individual or
	WANDEL ALEX	Name		
	6460 N. DIXIE	HWY		
	Florida street address		eptable)	
	BOCA RATON,	FL	33487	
	City		Zip	
the place designated capacity. I further ag	d in this certificate, I here ree to comply with the pi	eby accept the apport povisions of all statu	intment as regis tes relating to t f my position as	ove stated limited liability company at stered agent and agree to act in this the proper and complete performance s registered agent as provided for in

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	MARIE ALEXIS 6460 N. DIXIE HWY
	BOCA RATON, FLA. 33487
MGR	WANDEY ALEXIS
11010	6460 N. DIXIE HWY
	BOCA RATON, FLA. 33487
ective date is listed, the date must be specific a of filing.)	ng: (OPTIONAL) and cannot be more than five business days prior to or 9
LE V: Effective date, if other than the date of filir frective date is listed, the date must be specific a e of filing.)	ng: (OPTIONAL) and cannot be more than five business days prior to or 9
LE V: Effective date, if other than the date of filir ffective date is listed, the date must be specific at of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE:	and cannot be more than five business days prior to or 9
LE V: Effective date, if other than the date of filing fective date is listed, the date must be specific a of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of a member of a date of a da	and cannot be more than five business days prior to or 9 Alexis or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true, tion submitted in a document to the Department of State

Page 2 of 2

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)