

L14000141360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

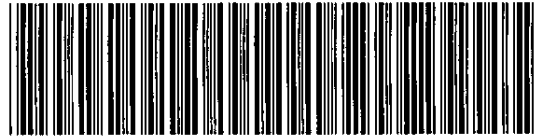
(Document Number)

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14 SEP 10 AM 11:43 14 SEP 10 AM 11:32  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS

SEP 10 2014  
S. YOUNG

EFFECTIVE DATE  
9/10/14

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: L A B Enterprises USA, LLC.  
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:

Luz Angeles Gonzalez  
Name of Person

L A B. Enterprises USA, LLC  
Firm/Company

10900 NW 25th St #106  
Address

Doral, Fl. 33172  
City/State and Zip Code

luzangeles09@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luz A. Gonzalez at ( 305 ) 606-3284  
Name of Person 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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LAG. Enterprises USA, 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:

14053 SW 147th  
Miami, FL 33196

Mailing Address:

10900 NW 25th St #106  
Doral, FL 33172

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:

Luz Angela Gonzalez  
Name  
10900 NW 25th St #106  
Florida street address (P.O. Box NOT acceptable)  
Doral, FL 33172  
City 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 605, F.S.*

Luz Angela Gonzalez  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member ✓

"MGR" = Manager

AMBR

MGR

**Name and Address:**

LUZ ANGELA GONZALEZ  
10900 NW 25th St #106  
Doral, FL 33172

FRANCISCO J. ESCOBAR  
14053 SW 147th  
Miami, FL 33196

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 09/10/14 (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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Luz Angela Gonzalez

Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), 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.)

LUZ ANGELA GONZALEZ

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)

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TALLAHASSEE, FLORIDA