L15008905

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300272966873

05/21/15--01001--002 **125.00

15 MAY 20 PH 2: 39

2015 MAY 20 PN 2: 48

MASO SELICE

COVER LETTER

FO: Registration Section Division of Corporations	
SUBJECT: Lanuga Name of I	LLC Limited Liability Company
The enclosed Articles of Organization and fee(s)	are submitted for filing.
Please return all correspondence concerning this	-
	Name of Person
_ Lunnya L	Firm/Company
12126 Magazi	ne Street, #2206 Address
Orlando,	FL 32828
Lanugalle @ E-mail address: (to be u	FL 32828 City/State and Zip Code Danail.com self-or future annual report notification)
For further information concerning this matter, p	lease call:
Olanrewaju Oyenuga at Name of Person	lease call: (713
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{Certificate of Status}\$	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Cadditional copy is enclosed)
Mailing Address Registration Section	Street/Courier Address Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
Lanuga LLC	•	
Lanuga 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 of	fice of the Limited Liability Company	is:
Principal Office Address:	Mailing Address:	
12126 Magazine Str. #2206 Orando Fr 32828	same as office addre	<u> </u>
ARTICLE III - Registered Agent, Registered Office, of (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must designate	an individual or
The name and the Florida street address of the registered	agent are:	
Christianah (
Florida street address (P.O. Box	NOT acceptable)	
Deltona	FL 32725	
City	Zip	
Having been named as registered agent and to accept set the place designated in this certificate. I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obl Chapt	t the appointment as registered agent ar of all statutes relating to the proper and	nd agree to act in this complete performance
Roustered Agent's Signa	lute ture (REQUIRED)	2
(CONTINU	ED)	IIS HAY
Page 1 of 2		Y 20 PH ASSEE TO
		1 2: 48 STATE LORIDA

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" ≈ Manager	eg
MGR_	Olannewaju Oyenuga 12126 Magazine Street, #2206 Orlando FL 32828
AMBR	Christianah Oyenuga 12126 Magazine Street,#2206 Orlando, Fi 32528
·	
(Use attachment if necessary)	
CLE V: Effective date, if other than the d	ate of filing: (OPTIONAL)
te of filing.) CLE VI: Other provisions, if any.	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days
the of filing.) CLE VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 30 days
ELE VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to of 50 days
REQUIRED SIGNATURE: Signature of a (in accordance with section constitutes an affirmation unline).	specific and cannot be more than five business days prior to or 30 days
REQUIRED SIGNATURE: Signature of a (in accordance with section constitutes an affirmation ut I am aware that any false in constitutes a third degree fe	member or an authorized representative of a member. 1605.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. 160rmation submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE: Signature of a (in accordance with section constitutes an affirmation ut I am aware that any false in constitutes a third degree fe	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.) LINAN OYENGA Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent
REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation ut I am aware that any false in constitutes a third degree fe	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.) LINAN Oyenga Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent