P. 001/003

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO.

LEVLA LLC

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Corporate Filing Menu

Help

| ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMIFANY | • |
|---|--|
| ARTICLE I - Name: The name of the Limited Liability Company is: | |
| LEVLA WC | |
| (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The malling address and street address of the principal office of the Limited Liability Company is: | |
| Principal Office Address: Mailing Address: | |
| 8826 W. FLAGGEN ST. SAME APT # 175 MIANS, EC 32174 | |
| MIAUS, FC 32174 | |
| 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 another business emity with an active Florida registration.) | individual or |
| The name and the Florida street address of the registered agent are: | |
| Name Name | |
| 8820 W FLAGLON ST #115 | · |
| Florida street address (P.O. Box NOT acceptable) | |
| MIAU/ 133174 | |
| | c % |
| Having been named as registered agent and to accept service of process for the above stated limited the place designated in this certificate, I hereby accept the appointment as registered agent and a capacity. I further agree to comply with the provisions of all stantes relating to the proper and conformy duties, and I am familiar with and accept the obligations of my position as registered agent Chapter 605, F.S. | gree to act in this replate performance |
| / but to are | |
| Registered Agent's Signature (REQUIRED) | |
| (CONTINUED) | ****** |
| Page 1 of 2 | TALL AHASSE |
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| سا 2. | |

| Title: "AMBR" – Authorized Member "MGR" = Manager | Name and Address: | | |
|--|--|--|--|
| MGR | DANA CARCIA 88.24 NO ECALCEN ST. 115 | | |
| AMBR | CUIS ANTHOUS (ANCIA 8824 WELANCES OF US | | |
| AMBR | ELLEW VELOWICA GARE 8826 W. FLAGLEY ST. 113 AND ST. 113 | | |
| (Use attachment if necessary) | | | |
| ICLE V: Effective date, if other than the date a effective date is listed, the date must be speate of filing.) | of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 da | | |
| ICLE VI: Other provisions, if any. | | | |
| REQUIRED SIGNATURES | Marie | | |
| (In accordance with section of constitutes an affirmation w I am aware that any false int | mber or an authorized representative of a member. 105.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. 10 comparison submitted in a document to the Department of State (only as provided for in s.817.155, F.S.) | | |
| construtes a mito nektee fel | ony as provided to 12, 2, 5 1 7 1 1 3 2 , 7 1 3 2 , | | |