

L15000197518

(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



200278662662

11/05/15--01040--017 \*\*125.00

15 NOV 30 AM 10:33  
NOTICE OF FILING OFFICE

1115-74448

MD 12/1

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Lopez Levi Lowenstein, 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:

Raimundo Lopez Lima Levi  
Name of Person

Lopez Levi Lowenstein, LLC  
Firm/Company

201 Alhambra Circle Suite 701  
Address

Coral Gables, FL 33134  
City/State and Zip Code

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

For further information concerning this matter, please call:

Raimundo Lopez Lima Levi at ( 305 ) 774-2945  
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

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 12, 2015

RAIMUNDO LOPEZ LINA LEVI  
201 ALHAMBRA CIRCLE, SUITE 701  
CORAL GABLES, FL 33134

SUBJECT: LOPEZ LEVI LOWENSTEIN, LLC  
Ref. Number: W15000074448

We have received your document for LOPEZ LEVI LOWENSTEIN, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey  
Regulatory Specialist II

Letter Number: 215A00023904

Global Perspective.  
**LOPEZ LEVI**  
**LOWENSTEIN**  
Individual Focus.

November 19, 2015

Florida Department of State  
Division of Corporations  
Attn: Maryanne Dickey  
P.O. Box 6327  
Tallahassee, FL 32314

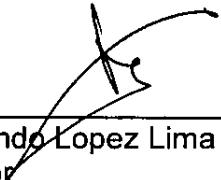
RE: W15000074448

Dear Ms. Dickey,

I hereby certify that I, Raimundo Lopez Lima Levi, am a principal at Lopez Levi Lowenstein, P.A. and Lopez Levi Lowenstein, LLC.

Included please find the Articles requested.

Should you need additional information, please do not hesitate to contact the undersigned.



\_\_\_\_\_  
Raimundo Lopez Lima Levi  
Director

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LOPEZ LEVI LOWENSTEIN, 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:

201 ALHAMBRA Circle  
Suite 701  
Coral Gables, FL 33134

Mailing Address:

201 ALHAMBRA Circle  
Suite 701  
Coral Gables, FL 33134

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:

RAIMUNDO LOPEZ LINA LEVI  
Name

201 ALHAMBRA Circle # 701  
Florida street address (P.O. Box **NOT** acceptable)  
Coral Gables, FL 33134  
City State 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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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:**

RAIMUNDO LOPEZ LINA LEVI  
201 ALHAMBRA CIRCLE # 701  
CORAL GABLES, FL. 33134

ELLIOT LOWENSTEIN  
201 ALHAMBRA CIRCLE # 701  
CORAL GABLES, FL. 33134

(Use attachment if necessary)


**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

RAIMUNDO LOPEZ LINA LEVI

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)