

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : EPGD ATTORNEYS AT LAW, P.A.

Account Number : 120140000049 Phone : (786)837-6787

Fax Number : (305) 718-068-7

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email address: eric@epadiaw.com

FLORIDA LIMITED LIABILITY CO. Lexitron Investment, LLC

Certificate of Status	0
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Page Count	05
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15 DEC 16 PH 1: 24

Electronic Filing Menu

Corporate Filing Menu

(12/17/15

COVER LETTER

	ision of Corporations		
SUBJECT:	Lexitron Investment, LLC		
SCOJECT.	Name of Limited Liability Company		
The enclosed	d Articles of Organization and fee(s) are submitted for filing.		
Please return	all correspondence concerning this matter to the following:		
1	Eric P. Gros-Dubois, Esq.		
-	Name of Person		
1	EPGD Attorneys at Law, P.A.		
Firm/Company			
:	2701 Ponce de Leon Blvd., Ste. 202		
-	Address		
•	Coral Gables, FL 33134		
-	City/State and Zip Code		
CI	ric@epgdlaw.com		
	E-mail address: (to be used for future annual report notification)		
For further inf	formation concerning this matter, please call:		
£	Eric P. Gros-Dubois 786 837-6787		
-	Name of Person Area Code Daytime Telephone Number		
Enclosed is	a check for the following amount:		
]\$125.00 Fili	ng Fee \$\int_{\text{S130.00}} \text{Filing Fee & }\text{\$\text{S155.00}} \text{Filing Fee & }\text{\$\text{Certificate of Status}} \text{\$\text{Certificate of Status}} \text{\$\text{Certificate of Status}} \text{\$\text{\$\text{Certificate of Status}} \text{\$\text{\$\text{Certificate of Status}}} \text{\$\text{\$\text{Certificate of Status}} \text{\$\text{\$\text{Certificate of Status}}} \text{\$\text{\$\text{Certificate of Status}} \text{\$\text{\$\text{Certificate of Status}}} \text{\$\text{\$\text{\$\text{Certificate of Status}}}} \$\text{\$\tex		

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



December 16, 2015

VIA ELECTRONIC FILING BY FAX

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Lexitron Investment, LLC
Articles of Organization

To Whom It May Concern:

Please find attached the Articles of Organization for Lexitron Investment, LLC. Please note the address for one of the Managers, Clover Brito, is a foreign address and is too long. As such, the address was handwritten because it does not fit within the space provided. Should you have difficulty reading the address for Clover Brito, it is <u>Calle entre 2 y 5</u>, edificio Roraima Piso 10, Apto. 10-8, Urb. Terrazas del Avila Caracas Petare, Edo. Miranda, Caracas, Venezuela.

If you need additional information or should you have any questions regarding anything in this letter, please do not hesitate to contact me at the address or phone number below.

Best Regards,

Eric P. Gros-Dubois, Esq.

For the Firm

Encl.

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

15 DEC 15 AH 10: 21

ARTICLE I - Name:
The name of the Limited Liability Company is:

\$\int_{\text{ACTART OF STATE}} \\
\text{ALLABOSEE, FLORIDA}

Lexitron Investment, 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:	Mailing Address:
2600 S. Douglas Blvd., Ste. 805	2600 S. Douglas Blvd., Stc. 805
Coral Gables, FL 33134	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:

EPGD Attorneys at 1	Law, P.A.	
	Name	
2701 Ponce de Leon	Blvd., Ste. 202	
Florida street addres	s (P.O. Box <u>NOT</u> &	cceptable)
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)

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	Title:	Nonce and Address.		
	"AMBR" = Authorized Member	Name and Address:		
	"MGR" = Manager			
	MGR	Clover Brito Calle entre 245 edificio Boraima Piso 10 apt 10-8		
		Urb. Terrazas del Avula Caracas Petare. Edo. Hirrarda, caracas, VE		
	MGR	Alejandro Castillo		
		Calle San Joaquin, Quinta Provi, Urb. La Trinidad		
		Caracas, Venezuela		
				
	(Use attachment if necessary)			
ARTIC	LE.V: Effective date if other than the date of	filing: (OPTIONAL)		
(If an ef	Tective date is listed, the date must be specif	fic and cannot be more than five business days prior to or 90 days after		
	of filing.)			
	If the date inserted in this block does not mee ument's effective date on the Department of S	t the applicable statutory filing requirements, this date will not be listed as State's records.		
ARTIC	LE VI: Other provisions, if any.			
	REQUIRED SIGNATURE:	-YVI		
	Signature of a memb	per or an authorized representative of a member.		
	This document is executed	in accordance with section 605.0203 (1) (b), Florida Statutes.		
		formation submitted in a document to the Department of State		
	constitutes a third degree fe	lony as provided for in s.817.155, F.S.		

Eric P. Gros-Dubois, Esq., Authorized Representative
Typed or printed name of signee

Filing Feet:
\$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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