

2/24/2016

L16000037435

2016 FEB 24 11:58 CST

From: S-C B-BFI BFI Processing Fax

Division of Corporations

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000047434 3)))



H16000047434ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

RECEIVED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

16 FEB 24 AM 10:58

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.**Luckypeeps LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

16 FEB 24 PM 12:41

RECEIVED

Electronic Filing Menu

Corporate Filing Menu

Help

AL Outigan

FEB 25 2016

FAX AUDIT # H116000047434 3

16 FEB 24 AM 10:58

**ARTICLES OF ORGANIZATION
OF
Luckypeeps LLC**

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the limited liability company is: Luckypeeps LLC

ARTICLE II ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall be:
7950 NW 53rd. Street Suite 337, Miami, Florida 33166.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the registered agent are: Francisco Gutierrez, 7950 NW 53rd. Street Suite 337, Miami, Florida 33166. Located in the County of Miami-Dade.

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.

Signature: *Francisco Gutierrez*

Francisco Gutierrez

Date: 2/23/2016

ARTICLE IV MANAGERS/MEMBERS

The management of the limited liability company is reserved for the members and the name and address of the member of the Limited Liability Company is:
Francisco Gutierrez, 7950 NW 53rd. Street Suite 337, Miami, Florida 33166

FAX AUDIT # H116000047434 3

FAX AUDIT # H11000047434 3

ARTICLE V DURATION

The duration for the limited liability company shall be: Perpetual.

Francisco Gutierrez
Francisco Gutierrez, Organizer

Date: 2/23/2016

Authorized Representative

(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 § 817.155, F.S.)

FILED
16 FEB 24 AM 10:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FAX AUDIT # H11000047434 3