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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 3/11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAMA HOMES, 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:

LLAMBERTO KODRA

Name of Person

LAMA HOMES, LLC

Firm/Company

2262 GLENMOOR RD. S.

Address

CLEARWATER, FL 33764

City/State and Zip Code

LAMA HOMES LLC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LLAMBERTO KODRA

Name of Person

at (727) 252-9300

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

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I

The name of the Limited Liability Company is:
LAMA HOMES, LLC

ARTICLE II

The mailing and street address of the principal office of the Limited Liability Company is:
2262 GLENMOOR RD. S.
CLEARWATER, FL 33764

ARTICLE III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV

The name and the Florida street address of the registered agent is:

LLAMBERTO KODRA
2262 GLENMOOR RD. S.
CLEARWATER, FL 33764

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: *Llamberto Kodra*

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TALLAHASSEE, FLORIDA

ARTICLE V

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: MGRM
LLAMBERTO KODRA
2262 GLENMOOR RD. S.
CLEARWATER, FL 33764

Title: MGRM
ANXHELA GJYSHI
3719 W. SAN LUIS ST.
TAMPA, FL 33629

Signature of a member or an authorized representative of a member.

Signature:

LLAMBERTO KODRA

Llamberto Kodra

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ALACHUA COUNTY, FLORIDA