

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LASOLAS 2410, 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:

ANDREW L. JIMENEZ, ESQ.

Name of Person

JIMENEZ LAW OFFICES, P.A.

Firm/Company

100 SE THIRD AVE, STE 1514

Address

FORT LAUDERDALE, FL 33394

City/State and Zip Code

ANDREW@JIMENEZLAWOFFICES.COM

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

For further information concerning this matter, please call:

ANDREW L. JIMENEZ, ESQ.

954

848-3111

at (_____) _____

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LASOLAS 2410, 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:

561 NE 15TH AVE

FORT LAUDERDALE, FL 33301

Mailing Address:

2001 Boul Robert-Bourassa, Ste 1700

Montreal, QC H3A 2A6

Canada

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:

CHRISTINE MARCHAND-MANZE

Name

800 W. Cypress Creek Rd, Ste 330

Florida street address (P.O. Box **NOT** acceptable)

Fort Lauderdale

FL

33309

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.,

DocuSigned by:

Christine Marchand-Manze

Registered Agent's Signature (REQUIRED)

(CONTINUED)

APPROVED
AND
FILED
16 MAR 30 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR: _____

Name and Address:

STEPHANE FILION

2001 Boul Robert-Bourassa, Ste 1700

Montreal, QC H3A 2A6 Canada

(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:

DocuSigned by:

Stephane Filion

3/29/2016 | 6:33 AM PT

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.

STEPHANE FILION, MANAGING MEMBER

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAR 30 PM 2:31

APPROVED
AND
FILED