Division of Corporations **Electronic Filing Cover Sheet**

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(((H16000087033 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

Phone

: (323)962-8600

Fax Number

: (323)962-3889

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

Email Address:

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FLORIDA LIMITED LIABILITY CO.

Letters of the Lost, LLC.

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Page Count	06
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

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COVER LETTER

TO: Registration Division of (i Section Corporations		
SUBJECT: Letters	of the Lost, LLC. Name of Lin	nited Liability Company	
The enclosed Articles	of Organization and fee(s) ar	e submitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
<u>Cheyenr</u>	ne Moselev	Name of Person	
<u>LegalZo</u>	om.com, Inc.	Firm/Company	
100 W B	roadway, Suite 100	Address	
Glendale	o, CA 91210	ity/State and Zip Code	·
onlinefilings@le	agalzoom.com E-mail address: (to be asec	d for future annual report notifica	tion)
	on concerning this matter, plea		
Chevenne Moseley Nar	at (;	323) 962-8600 ext 762 Area Code Daytime Te	25 ephone Number
Enclosed is a check for	or the following amount;		
□ \$125.00 Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	☑S155,00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration 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:	The contract of the contract o
Letters of the Lost, LLC.	Co.t
(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 of	ffice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
910 Algaringo Ave. Corel Gables, FL 33134	
ARTICLE III - Registered Agent, Registered Office, of (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration)	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered	agent are:
<u>United States Corporation Ag</u> Name	
13302 Winding Oaks Court, 5 Florida street address (P.O. Box	
Tampa	FL 33612-3425
City	Zlp
the place designated in this certificate, I hereby accep capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob	rvice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance ligations of my position as registered agent as provided for in ter 605, F.S
CM	1
Registered Agent's Signa	ture (REQUIRED)
Cheyenna Mo	oseley, United States Corporation Agents, Inc.
(CONTINU	ED)

Page 1 of 2

Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statures, the execution of this document constitutes an affirmation under the penalties of printed hat 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.) Cheyenne Moseley, Legalzoom.com. Inc. Typed or printed name of Registered Agent Paniel Enrique Gongora 910 Algaringo Ave. Coral Gables. FL 33134 Miquel Angel Moreira 910 Algaringo Ave. Coral Gables. FL 33134 (OPTIONAL) (OPTIONAL) (OPTIONAL) (In accordance with section 605.0203 (1) (b), Florida Statures, the execution of this document constitutes an affirmation under the penalties of printed 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 s.817.155, F.S.) Cheyenne Moseley, Legalzoom.com. Inc. Typed or printed name of signee	e:	Name and Address:
Sebastian Rafael Diaz. 310 Algaringo Ave. Coral Gables, FL 33134 MGR, AMBR Andrew Michael Nicholson. 910 Algaringo Ave. Coral Gables. FL 33134 AMBR Daniel Enrique Gongora 910 Algaringo Ave. Coral Gables. FL 33134 AMBR Daniel Enrique Gongora 910 Algaringo Ave. Coral Gables. FL 33134 AMBR Miguel Angel Moreira 910 Algaringo Ave. Coral Gables. FL 33134 Use attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) titive date is listed, the date must be specific and cannot be more than five business days prior to or of filing.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statures, 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 s.817.155, F.S.) Cheyenne. Moseley, Legalzoom.com, Inc. Typed or printed name of signee **Elling Fees:** S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent		
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Page 2 of 2

H16000087033 3

Attachment to

Articles of Organization for Letters of the Lost, LLC.

Additional members of the Limited Liability Company are:

Name of Member

Address

Joan Manuel Correa

910 Algaringo Ave., Coral Gables, FL 33134