

L16000074032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400284371724

04/12/16--01003--019 **125.00

FILED
16 APR 12 PM 3:27

g 4/18/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Level 1 Investments, 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:

Alberto Lopez
Name of Person

6619 S. Dixie Hwy # 155
Firm/Company

South Miami FL 33143
Address

level 1 investments@gmail.com
City/State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alberto Lopez at (786) 897-5627
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

16 APR 12 PM 3:27

FILED

Hello,

My name is Alberto Lopez. I previously owned the corporation named Level 1 Investments. I am not planning on reinstating Level 1 Investments, corporation and want to release the name to the new Level 1 Investments, Limited Liability Company, with me being the only manager.

I have included a check for \$125.

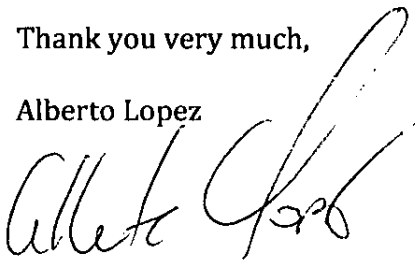
My contact number is 786-897-5627, which is my cell phone.

My address is 6619 S Dixie Hwy # 155, South Miami, FL 33143.

Please do not hesitate to call me if you have any questions.

Thank you very much,

Alberto Lopez

A handwritten signature in black ink, appearing to read 'Alberto Lopez', written over the printed name.

FILED
16 APR 12 PM 3:27

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Level 1 Investments, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

FILED

16 APR 12 PM 3:27

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

6619 S. Dixie Hwy #155
South Miami FL 33143

Mailing Address:

6619 S. Dixie Hwy #155
South Miami FL 33143

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:

Alberto Lopez

Name

6619 S. Dixie Hwy #155

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

South Miami FL 33143

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..

Alberto Lopez

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

Alberto Lopez, Manager

Alberto Lopez

6619 S. Dixie Hwy #155

South Miami FL 33143

(Use attachment if necessary)

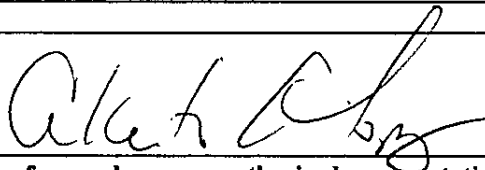
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(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:



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.

Alberto Lopez

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)

FILED
16 APR 12 PM 3:27