## L/6000127949

(Re	questor's Name)	•		
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



500287435945

07/01/16--01020--010 \*\*125.00

EFFECTIVE DATE 06/24/16

07/13/16

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Lymarie Colon-Perez, 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:
Jaymarie Colon-Perez Name of Person
Firm/Company
1500 SW 5th St Address
Address
Boca Raton, FL 33486  City/State and Zip Code  jaymarie.cp@gmail.com  E-mail address: (to be used for future and all report notification)
For further information concerning this matter, please call:
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 Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<b>ARTICLE</b>	I - Name:		
The name of	f the Limited Liability Company is	3;	
	Jaymarie	Colon-Perez, s"Limited Liability Company."	LLC
-	(Must end with the word	s "Limited Liability Company."	"L.L.C.," or "LLC.")
	II - Address: address and street address of the p	principal office of the Limited I	iability Company is:
	D. I. I. O.C.		NA 192 - A 1.1

Principal Office Address:	Mailing Address:
1500 Sw 5th St	1500 SW 5th St
Boca Raton, FL	Boca Raton, FL
33486	33486

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:

Jaymarie Colon-Perez

Name

1500 SW 5th St

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

Boca Raton FL 33486

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..

(CONTINUED)

Page 1 of 2

	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager  AMBK	Jaymarie Colon-Perez	
	1580 SW 5th St	-
	BOCA Raton PL 33486	-
		-
		_
		_
		_
<del></del>		-
		-
		-
· · · · · · · · · · · · · · · · · · ·		-
		-
E V: Effective date, if other than the date of ective date is listed, the date must be specified.	filing: 62416 (OPTIONAL) fic and cannot be more than five business days prior to or 9	- •0 d
of filing.)	fic and cannot be more than five business days prior to or set the applicable statutory filing requirements, this date will n	
E V: Effective date, if other than the date of ective date is listed, the date must be specifif filing.) the date inserted in this block does not meement's effective date on the Department of E VI: Other provisions, if any.	fic and cannot be more than five business days prior to or set the applicable statutory filing requirements, this date will n	
E V: Effective date, if other than the date of ective date is listed, the date must be specififiling.) the date inserted in this block does not meenent's effective date on the Department of E VI: Other provisions, if any.	fic and cannot be more than five business days prior to or set the applicable statutory filing requirements, this date will n	
E V: Effective date, if other than the date of ective date is listed, the date must be specififiling.) the date inserted in this block does not meenent's effective date on the Department of E VI: Other provisions, if any.  REOUIRED SIGNATURE:	fic and cannot be more than five business days prior to or set the applicable statutory filing requirements, this date will no State's records.	
E V: Effective date, if other than the date of ective date is listed, the date must be specififfiling.) the date inserted in this block does not mee ment's effective date on the Department of E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a merit	the applicable statutory filing requirements, this date will n State's records.  State's records.	ot b
E V: Effective date, if other than the date of ective date is listed, the date must be specififling.) the date inserted in this block does not mee ment's effective date on the Department of E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a ment of the date of the	the applicable statutory filing requirements, this date will n State's records.  State's records.  ber or an authorized representative of a member. in accordance with section 605.0203 (b) (b), Florida Statutes formation submitted in a document to the Department of Stat	ot bo
E V: Effective date, if other than the date of ective date is listed, the date must be specififling.) the date inserted in this block does not mee ment's effective date on the Department of E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a ment of the date of the	the applicable statutory filing requirements, this date will n State's records.  State's records.  ber or an authorized representative of a member.  in accordance with section 605.0203 (b) (b), Florida Statutes	ot bo
E V: Effective date, if other than the date of ective date is listed, the date must be specififfiling.) the date inserted in this block does not meement's effective date on the Department of E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a meril This document is executed I am aware that any false in constitutes a third degree for	the applicable statutory filing requirements, this date will need the applicable statutory filing requirements, this date will need to be a new formation submitted in a document to the Department of Statelony as provided for in s.817.155, F.S.	ot bo
E V: Effective date, if other than the date of sective date is listed, the date must be specification.) the date inserted in this block does not meet ment's effective date on the Department of E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a meril This document is executed I am aware that any false in constitutes a third degree for	the applicable statutory filing requirements, this date will need the applicable statutory filing requirements, this date will need to be a new formation submitted in a document to the Department of Statelony as provided for in s.817.155, F.S.	ot b
E V: Effective date, if other than the date of sective date is listed, the date must be specififiling.) the date inserted in this block does not meement's effective date on the Department of E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a meril This document is executed I am aware that any false in constitutes a third degree for	the applicable statutory filing requirements, this date will n State's records.  State's records.  ber or an authorized representative of a member. in accordance with section 605.0203 (b) (b), Florida Statutes formation submitted in a document to the Department of Stat	ot be
E V: Effective date, if other than the date of sective date is listed, the date must be specififiling.) the date inserted in this block does not meement's effective date on the Department of E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a meril This document is executed I am aware that any false in constitutes a third degree for	the applicable statutory filing requirements, this date will need the applicable statutory filing requirements, this date will need to be a new formation submitted in a document to the Department of Statelony as provided for in s.817.155, F.S.	ot b

ARTICLE IV-