# prida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000007876 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORP USA

Account Number: 072450003255 : (305)634-3694

Fax Number : (305)633-9696

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

Enail Address:

### FLORIDA LIMITED LIABILITY CO. THE LERMA GROUP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

1/9/2017





# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Date: December 28, 2016

ARTICLE I - NAME:

The name of the Limited Liability Company is:

## THE LERMA GROUP, LLC

#### **ARTICLE II - ADDRESS:**

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

8035 SW 109TH TERRACE MIAMI, FL 33156

## ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

MARLINA LERMA
Name

8035 SW 109TH TERRACE
Florida Street Address

MIAMI, FL 33156

City, State, and Zip

-continued-

17 JAN-9 PH 12: 21
SEURETAKY OF STATE
ALLAHASSEE, FLOWIN,

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 605.0203 (1) (b).

Registered Agent's Signature

MARLINA LERMA

#### <u> ARTICLE IV – MANAGEMENT</u>

The Limited Liability Company is to be considered a single manager LLC and is therefore a SINGLE MANAGER LLC company. The NAME and ADDRESS of initial MEMBER AND MANAGER is as follows:

Title **AUTHORIZED MEMBER** 

Name and Address: **MARLINA LERMA** 14624 SW 46TH STREET MIAMI, FL 33156

-continued-

#### ARTICLE V BUSINESS DEDUCTIONS

Per IRS regulations the corporation may pay and deduct the health insurance and medical expenses of its directors and employees. Additionally, business auto expenses may be reimbursed to directors and employees and thus deducted from current operations.

#### ARTICLE VI - EFFECTIVE DATE

The effective date of the Limited Liability Company shall be: JANUARY 18T, 2017.

Signature of member or an authorized representative of a member

In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true

MARLINA LERMA
Authorized Member of LLC

December 28, 2016

H17000007876

01/06/2017 17:32 3056339696 CORP USA