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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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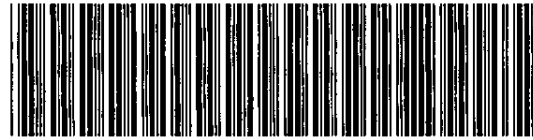
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 JAN 23 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓ 01/24/17

HIRAM CINTRON
111 C PALM BAY LANE
PALM BEACH GARDENS, FL 33418
561 529-6744 CINTRON2K@YAHOO.COM

January 17, 2017

Mr. Thomas Chang
Department of State of Florida
Division of Corporations
Tallahassee, FL

FILED
17 JAN 23 PM 2:40
CLERK OF STATE
TALLAHASSEE, FLORIDA

VIA FAX # 850-245-6804

Dear Mr. Chang:

This message will serve to inform you that I, Hiram Cintron, avow that Lolita's Legacy Inc, number N 15000007928, has voluntarily dissolved and will not reinstate the name of Lolita's Legacy. In representation of said dissolved corporation I hereby release the name of Lolita's Legacy to the new entity, Lolita's Legacy LLC.

Thank you so much for your kind cooperation.

Sincerely,



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOLITA'S LEGACY 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:

HIRAM CINTRON

Name of Person

LOLITA'S LEGACY LLC

Firm/Company

4100 PGA BOULEVARD

Address

PALM BEACH GARDENS FL 33410

City/State and Zip Code

LOLITA.PILATES@YAHOO.COM

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

For further information concerning this matter, please call:

HIRAM CINTRON at (561) 626-1032
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:

LOLITA'S LEGACY 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:

4100 PGA BLVD
PALM BEACH GARDENS FL
33410

Mailing Address:

P.O. BOX 31148
PALM BEACH GARDENS FL
33420

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:

HIRAM CINTRON

Name

111 C PALM BAY LANE

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

PALM BEACH GARDENS FL 33418

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.

H. Cintron

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK 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

AMBR

AMBR

Name and Address:

HIRAM CINTRON
111 C PALM BAY LANE
PALM BEACH GARDENS FL 33418

LOLITA SAN MIGUEL
111 C PALM BAY LANE
PALM BEACH GARDENS FL 33418

LILLIAN VELAZQUEZ
5560 TAMBERLANE CIRCLE
PALM BEACH GARDENS FL 33418

(Use attachment if necessary)

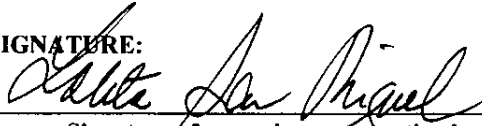
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

LOLITA SAN MIGUEL

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)

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TALLAHASSEE FLORIDA