# L17000044071

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	



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## FLORIDA DEPARTMENT OF STATE Division of Corporations Character Services

February 2, 2017

LUKE YUHICO 124 MIRACLE STRIP PKWY. S.W., UNIT 800 FT. WALTON BCH., FL 32548

SUBJECT: L&R ENTERPRISES LLC

Ref. Number: W1700009613

We have received your document for L&R ENTERPRISES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The document number of the name conflict is L16000121876.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 817A00002120

### **COVER LETTER**

	ew Filing Section ivision of Corporations		
SUBJECT	L & R Initiatives LLC		
SUBJECT		Limited Liabili	ty Company
The enclos	ed Articles of Organization and fee(s)	are submitted	for filing.
Please retu	rn all correspondence concerning this	matter to the fo	ollowing:
	Luke Yuhico		
		Name of	Person
	L & R Initiatives LLC		
		Firm/Co	mpany
	124 Miracle Strip Pkway SW, Unit 8	300	
		Addre	ess
	Fort Walton Beach, FL 32548		
	luke@saserv.com	City/State and	d Zip Code
·	E-mail address: (to be us	ed for future a	nnual report notification)
For further i	nformation concerning this matter, ple	ase call:	
	John F. South CPA	440	449-5500
	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	s a check for the following amount:		
<b>√</b> \$125.00 Fi	sling Fee \$130.00 Filing Fee & Certificate of Status	Certific	0 Filing Fee & \$160.00 Filing Fee, ed Copy 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

A	R1	ΓŦι	$c_1$	LE	I -	Na	me	

The name of the Limited Liability Company is:

L & R Initiatives LLC

(Must contain 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:

#### Mailing Address:

Luke Yuhico	Luke Yuhico
124 Miracle Strip Pkway SW, Unit 800	124 Miracle Strip Pkway SW, Unit 800
Fort Walton Beach, FL 32548	Fort Walton Beach, FL 32548

#### 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:

Luke Yuhico		
	Name	
124 Miracle Strip Pkw	ay SW, Unit 800	
Florida street address (	P.O. Box NOT a	cceptable)
Fort Walton Beach	FL	32548
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)

gistéred Agent's Signature (REQUIRED)

FURE LARY OF STATE

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#### ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Luke Yuhico
	124 Miracle Strip Pkway SW, Unit 800
	Fort Walton Beach, FL 32548
AMBR	John F. South CPA
	5294 Mayfield Rd
	Lyndhurst, OH 44124
(If an effective date is listed, the date must be sp the date of filing.)	e of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 90 days after  meet the applicable statutory filing requirements, this date will not be listed as t of State's records.
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:  Signature of a many this degree of a many things.	nember or an authorized representative of a member.
l am aware that any fals	ated in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Luke Yuhico

SEURE IARY OF SIAIE ALLAHASSEE, FLORID