

Division of Corporations Electronic Filing Cover Sheet

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.

(((H170001824763)))



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To:

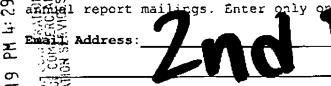
Division of Corporations

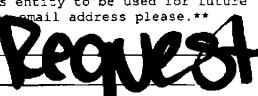
From:

Account Name : CORP USA Account Number : 072450003255

: (305)634-3694 : (305)633-9696 Fax Number

*Enter the email address for this business entity to be used for future





FLORIDA LIMITED LIABILITY CO.

LWLR, LLC

	<u>. </u>
Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

https://efile.sunbiz.org/scripts/efilcovr.exe

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7/12/2017

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FLORIDA DEPARTMENT OF STATE
Dayssion of Corporations

July 17, 2017

CORP USA

SUBJECT: LMM, LLC REF: W17000058610

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P02000116231.

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

KYLE D BRUMBLEY
Regulatory Specialist II
New Filing Section

FAX Aud. #: H17000182476 Letter Number: 317A00014369

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

	gistration Section /ision of Corporations		
ena icot.	LWLR	LLC	
SUBJECT:	Name of L	imited Liability	Company
The enclose	d Articles of Organization and fee(s) a	ere submitted fo	r filing.
Please retur	n all correspondence concerning this r	natter to the fol	lowing:
, <u>_</u> .	Stewart Liebling		
		Name of Po	erson
	Stewart G Liebling PA		
		Firm/Com	pany
	6705 Red Road, Suite 608		
		Addres	3
	Coral Gables, FL 33143		
	stewart @sglpa.com	City/State and	Zip Code
For further is	E-mail address: (to be us aformation concerning this matter, ple		nual report notification)
	Stewart Liebling	305	663-5313
	Name of Person	Area Code	Daytimo Telephone Number
Enclosed &	s a check for the following amount: iling Fee \$130.00 Filing Fee & Certificate of Status	Cortifie	Siling Fee & \$150.00 Filing Fee, d 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	1	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassea, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Umited Liability Company is:		
4	_	
LWLR, I		
(Must end with the words "Limit	led Liability Compan	y, "L.L,C.," or "LLC.")
ARTICLE II - Address: The malling address and street address of the principal	I office of the Limito	d Liability Company is:
Principal Office Address:		Mailing Address:
6705 Red Road, Suite 608	<u></u>	05 Red Road, Spite 608
Cornel Gabless, FL 33143	Ca	ral Geblee, FL 33143
another business entity with an active Florida registra The name and the Florida street address of the register Lynn Wiener		
6705 Red Road, S		
	ress (P.O. Box <u>NOT</u>	acceptable)
Corel Gables, FL		
City	State	Zlp
Having been named as registered agent and to accept so place designated in this contificate, I hereby accept the afterwher agree to comply with the provisions of all statutes are fundition with and accept the obligations of my position funding with and accept the obligations of my positions.	ppointment at register relating to the prope	red agent and agree to act in this copacity. I or and complete performance of my duties, and I tas provided for in Chapter 605, F.S.,
	(CONTINUED)
	Page 1 of 2	

<u>itle:</u>	Name and Address:
MBR" - Authorized Member	
MGR" = Manager	
IGR	Lym Wiener
	6705 Red Road, Suite 608
	Coral Gabits, FL 33143
	•
_	
	
V. Effective date. If other than the	date of filing: (OPTIONAL) a specific and cannot be more than five business days prior to or 90
ctive date is listed, the date wast b	e specific and cannot be more than tive business tarys prior to or you not meet the applicable statutory filing requirements, this date will not
W: Effective date, if other than the ctive date is fisted, the date sunst b filling.) he date inserted in this block does sent's effective date on the Department's effective date on the Department's CVL Other provisions, if any.	e specific and cannot be more than tive business tarys prior to or you not meet the applicable statutory filing requirements, this date will not
iv: Effective date, if other than the citive date is fixed, the date senat b fixed, the date senat b fixed, the date senat b fixed in this block does sent's effective date on the Department's effective date is discussed in the Department's effective date and the Department's effective date on	not meet the applicable statutory filing requirements, this date will not meet of State's records.
i.V: Effective date, if other than the ctive date is fisted, the date sumst be filling.) he date inserted in this block does sent's effective date on the Department's effective date on the Department's effective date on the Department's effective date on the Department date on the date of the Department is effective of the document is effective of the document is effective of the date of	e specific and cannot be more than two business tarys prior to or re- not meet the applicable statutory fitting requirements, this date will not easit of State's records.
V: Effective date, if other than the tive date is distind, the date must be disting) be date inserted in this block does bent's effective date on the Department's effective date of This document is effective date of I am aware that any constitutes a third date.	a member or as authorized representative of a member. Ease information submitted in a document to the Department of State ingree felony as provided for in a.817.155, P.S.
i.V: Effective date, if other than the ctive date is fisted, the date sumst be filling.) he date inserted in this block does sent's effective date on the Department's effective date on the Department's effective date on the Department's effective date on the Department date on the date of the Department is effective of the document is effective of the document is effective of the date of	not meet the applicable statutory fiting requirements, this date will not meet of State's records. a member or as authorized representative of a member. Ealso information submitted in a document to the Department of State ingree felony as provided for in a \$17.155, F.S.

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