

# U7000155290

Florida Department of State

 Division of Corporations  
 Electronic Filing Cover Sheet

128041

**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.**

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To:

 Division of Corporations  
 Fax Number : (850) 617-6381

From:

 Account Name : CORP USA  
 Account Number : 07245003255  
 Phone : (305) 634-3694  
 Fax Number : (305) 633-9696

*Re-Sending  
Correction*

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

Email Address:

## 2nd Request

FLORIDA LIMITED LIABILITY CO.

LWLR, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

RECEIVED

17 JUL 19 PM 4:29

BUREAU OF COMMERCE  
INFORMATION SERVICES

17 JUL 19 AM 8:57

17 JUL 19 AM 8:57



July 17, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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](http://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

TO: Registration Section  
Division of Corporations

SUBJECT: LWLR, 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:

Stewart Liebling

Name of Person

Stewart G Liebling PA

Firm/Company

6705 Red Road, Suite 608

Address

Coral Gables, FL 33143

City/State and Zip Code

stewartL@sglpa.com

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

For further information concerning this matter, please call:

Stewart Liebling

305

663-5313

at

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:

LWLR, 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:**

**Mailing Address:**

6705 Red Road, Suite 608  
Coral Gables, FL 33143

6705 Red Road, Suite 608  
Coral Gables, FL 33143

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:

Lynn Wiener

Name

6705 Red Road, Suite 608

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

Coral Gables, FL 33143

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.

Lynn Wiener

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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17 JUL 19 AM 5:57  
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

**Name and Address:**

Lynn Wiener

6705 Red Road, Suite 608

Coral Gables, FL 33143

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

(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.

Lynn Wiener

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 38.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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