

L18000028638

Florida Department of State

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.

(((H18000012052 3)))



H180000120523ABCT

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) 617-6391

From:

Account Name : TRAMILEX LLC
Account Number : I20150000086
Phone : (786) 469-9163
Fax Number : (305) 848-3716

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

LAGO 1124 LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

N CULLIGAN

FEB 2 2018

1/10/2018, 12:11 PM

FROM

TRAMILEX LLC
ACCOUNT # I20150000086

TO

DIVISION OF CORPORATION

This corp. was filed last January 10/2018 and not had records of your registration or news that has been rejected, We are forwarding the information for processing

Original Name: LAGO 1124 LLC

H18000012052 3

REGARDS

ERIK GONZALEZ

TRAMILEX LLC

H18000012052 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAGO 1124 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:

ELI E. LAMUS

Name of Person

LAGO 1124 LLC.

Firm/Company

761 NW 129 AVE

Address

MIAMI FL 33182

City/State and Zip Code

elylamus@gmail.com

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

For further information concerning this matter, please call:

ELY E. LAMUS

786

290-2410

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

H18000012052 3

418000012052 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY FEB -1 AM 9:23

ARTICLE I - Name:

The name of the Limited Liability Company is:

LAGO 1124 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:

761 NW 129 AVE
MIAMI, FL 33182

SAME ADDRESS

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:

ORLANDO RINCON

Name

761 NW 129 AVE

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

MIAMI

FL

33182

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 005, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

418000012052 3

H180000120523

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

ELI E. LAMUS

761 NW 129 AVE

MIAMI, FL 33182

AMBR

ABIGUEY ROMERO SILVA

761 NW 129 AVE

MIAMI, FL 33182

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12/01/2017 (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.

ANY AND ALL LAWFUL BUSINESS

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.

ELI E. LAMUS

Typed or printed name of signer

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)

H180000120523

18 FEB -1 AM 9:23