## L18000031227

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
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## **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: A Agency LLP Name of Limited Liability Com	pany
The enclosed Articles of Organization and fee(s) are submitted for filir	rg.
Please return all correspondence concerning this matter to the followin	g:
Lillian H Fornan. de2 Name of Person	
L. A agency LLF	
tirm/Company	
Address	
	) 0
7999 Harbor bend orla City/State and Zip C Orlando FL 32823	indo f.L. 32822
City/State and Zip C	ode
E-mail address: (to be used for future annual re adulala CY421234 C G n For further information concerning this matter, please call:	ncil (Com
Lillian Fernander at (407 ) 57	
	ime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy	Certificate of Status &
Mailing Address Street	Address
New Filing Section New Fi	ling Section
	n of Corporations Building
	xecutive Center Circle

Tallahassee, FL 32301



January 22, 2018

LILLIAN H FERNANDEZ 7999 HARBOR BEND ORLANDO, FL 32822

SUBJECT: L & A AGENCY LLP Ref. Number: W18000006315

We have received your document for L & A AGENCY LLP 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 of the entity cannot include "LLP." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

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.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

Please return 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.

Neysa Culligan Regulatory Specialist II

Letter Number: 118A00001303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
(Must contain the words "Limited Liability Co	
ARTICLE II - Address: The mailing address and street address of the principal office of the	Limited Liability Company is:
Principal Office Address:	Mailing Address:
7999 HARBUR BRAD Ca.	7999 HARBOR BOND C
ONIMON FL 32812	ONMON FL 3282

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:

LILLIAN FERNANDEZ

Name

7999 HARBOR BEND CIR

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

Orlando FL 32822

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Lillian Fernandez 7999 Harme Brod Cir
MGR	Ada de La Cruz 1999 HARBOR BRAD CIR ORLANDO FL 32822
(Use attachment if necessary)	
n effective date is listed, the date must be splate of filing.)  e: If the date inserted in this block does not document's effective date on the Department	
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Lilliani -	
This document is exect I am aware that any fals constitutes a third degree	member or an authorized representative of a member.  uted in accordance with section 605.0203 (1) (b), Florida Statutes.  se information submitted in a document to the Department of State to the Department of S
Lillian	Typed or printed name of signee
	Typed or printed name of signee 70

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)