

2/23/2018

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing for Shareholders

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

((H18000057421 3)))



H180000574213AEC

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)617-6381

From:  
Account Name : CORP USA  
Account Number : 072450003255  
Phone : (305)634-3694  
Fax Number : (305)633-9696

\*\*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.  
LILY MANAGEMENT LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 FEB 20 PM 6:15

FILED

RECEIVED  
2018 FEB 20 AM 10:25

2018 FEB 20 PM 6:15

Electronic Filing Menu

Corporate Filing Menu

Help

K. PAGE  
FEB 21 2018

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: LILY MANAGEMENT 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:

LOUIS VINCZE

Name of Person

LILY MANAGEMENT LLC

Firm/Company

1100 LEE WAGENER BLVD. #1041

Address

FT. LAUDERDALE, FL 33315

City/State and Zip Code

caplivi@aol.com

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

For further information concerning this matter, please call:

LOUIS VINCZE

954

629-6978

Name of Person

Area Code

Daytime Telephone Number

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LILY MANAGEMENT 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:

1100 LEE WAGENER BLVD #1041  
FT. LAUDERDALE, FL 33315

SAME

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:

LOUIS VINCZE

Name

1100 LEE WAGENER BLVD. #1041

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

FT. LAUDERDALE

FL

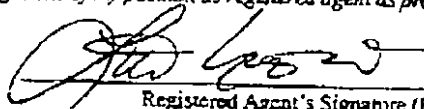
33315

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company as 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)

**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/MGR

**Name and Address:**

LOUIS VINCZE

1100 LEE WAGENER BLVD. #1041

FT. LAUDERDALE, FL 33315

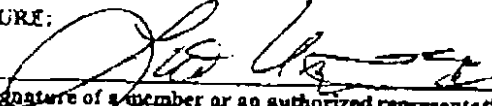
(Use attachment if necessary)

**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.

LOUIS VINCZE

Typed or printed name of signer