

2/26/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : AYZA CASTINEIRA
Account Number : I20150000122
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Fax Number : (305)824-8858

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

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**FLORIDA LIMITED LIABILITY CO.
LC REMODELING GROUP LLC**

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

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FEB 28 2018

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LC REMODELING GROUP 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:

LUIS M ACUNA BRITZ

Name of Person

LC REMODELING GROUP LLC

Firm/Company

15204 MAHOGANY DR

Address

BOYTON BEACH, FL 33436

City/State and Zip Code

lmab1091@gmail.com

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

For further information concerning this matter, please call:

LUIS M ACUNA BRITZ

561

503-9449

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:

LC REMODELING GROUP 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:

15204 MAHOGANY DR
BOYTON BEACH, FL 33436

15204 MAHOGANY DR
BOYTON BEACH, FL 33436

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:

LUIS MACUNA BRITZ

Name

15204 MAHOGANY DR

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

<u>BOYTON BEACH</u>	<u>FL</u>	<u>33436</u>
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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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FILED

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

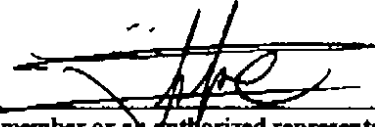
"MGR" = Manager

MGRMGR**Name and Address:**LUIS M ACUNA BRITZ15204 MAHOGANY DRBOYTON BEACH, FL 33436CARLOS E CANO SANCHEZ2049 POLO GARDENS DR # 108WELLINGTON, FL 33414

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 02/26/2018 (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.LUIS M ACUNA BRITZ

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)