L18000	251022
(Requestor's Name) (Address) (Address)	200319868032
(City/State/Zip/Phone #)	10/25/1801016020 **160.00
Certified Copies Certificates of Status	HILED MULANATE AN 9:01 MULANATE AND 9:01
Office Use Only	

`	COVER LETTER
TO:	New Filing Section Division of Corporations
SUBJI	CT:
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Wendy Lutin Name of Person
	Firm/Company
	2825 SW 125th Court Address
	Miami, FL. 33175 City/State and Zip Code
	City/State and Zip Code Lutinm 1718@ gmail.com E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	Maria Lutin _at (561) 862 - 2631 Name of Person Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:

 \$125.00 Filing Fee
 \$130.00 Filing Fee & Certificate of Status
 \$155.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy

 (additional copy is enclosed)
 (additional copy is enclosed)
 (additional copy is enclosed)

Mailing Address

•

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:



The mailing address and street address of the principal office of the Limited Liability Company is:



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.)



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.

Weydy

Registered Agent's Signature (REQUIRED)

(CONTINUED)

STICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Menne. "MGR" = Manage	Name and Address;
AMBR/Mar.	Making Lakebooksingle
Ambelmar.	Maria Lutin Lakhansingh 290 NE 112 Street Miami, fl. 33101
TITICK I II GI	1000000000000000000000000000000000000
(Use attachment if necessary)	11110010

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.

<u>REQUIRE</u>	DSIGNATURE.
	Szägtbre of a member or an authorized representative of a member.
	This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes 1 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.
	Maria With Lakhansingh Typed or printed name of signee
	Typed of primed mane of signee
	Filing Fees:
\$125.00 F	iling Fee for Articles of Organization and Designation of Registered Agent
	Certified Copy (Optional)