# 49000037351

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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# **COVER LETTER**

	ew Filing Section vision of Corporations	
SUBJECT:	LORAJ INVESTMENTS LLC.	
SOBJECT.	Name of Limite	d Liability Company
The enclose	ed Articles of Organization and fee(s) are su	bmitted for filing.
Please retur	m all correspondence concerning this matter	to the following:
	GUERBY DESTINA	
	1	Jame of Person
	<u> </u>	Firm/Company
	2800 S. ADAMS ST UNIT 7163	
		Address
	TALLAHASSEE, FL 32314	
(	City/ GUERBY.DESTINA@GMAIL.COM	State and Zip Code
_	E-mail address: (to be used for	future annual report notification)
For further in	nformation concerning this matter, please ca	II:
	GUERBY DESTINA 561	
-		Code Daytime Telephone Number
Enclosed is \$125.00 Fil	Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee. Certified Copy additional copy is enclosed)  (additional copy is enclosed)
	Mailing Address New Filing Section	Street Address New Filing Section

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

name of the Limited Liability Company is:	
LORAJ INVESTMENTS LLC.	
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ICLE II - Address:	
ICLE II - Address.	
111 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1	P. F. 1 C. S. 1 T. 1 CO. 21
mailing address and street address of the principal office	of the Limited Liability Company is:
•	
nailing address and street address of the principal office <u>Principal Office Address</u> :	of the Limited Liability Company is:  Mailing Address:
•	
Principal Office Address:	Mailing 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:

	Name	
2800 S ADAMS ST U	JNIT 7163	
Florida street address	(P.O. Box <b>NOT</b> ac	centable)
Tital Street address		,
TALLAHASSEE	FL	32314

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 (Signature (REQUIRED)

(CONTINUED)

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בנפון פאוי

## ARTICLE IV-

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

Title:	Alice of the Alice of the	Name and Address:	
	uthorized Member		
"MGR" = Ma MGR	nager	GUERBY DESTINA	
Mene		2800 S ADAMS ST UNIT 7163	
		TALLAHASSEE FL 32314	
·			
(Use attachme	ent if necessary)		
he date of filing.) Note:     If the date inser	ted in this block does not meet the we date on the Department of Stat	and cannot be more than five business days prior to or 90 days are applicable statutory filing requirements, this date will not be liste's records.	
REOUIRED	SIGNATURE:		
	This document is executed in a I am aware that any false infort	or an authorized representative of a member, accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.	
	GUERBY DESTINA Typ	ed or printed name of signce	

# 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)

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