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Florida Department of State
Division of Corporations
Filing and Recording Cover Sheet

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To:

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

From:

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19 FEB 28 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
LPK AUTO SERVICES LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

107

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - NAME****THE NAME OF THE LIMITED LIABILITY COMPANY IS:****LPK AUTO SERVICES 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****16651 SW 117 AVE
MIAMI, FL. 33177****16651 SW 117 AVE
MIAMI, FL. 33177****ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, &
REGISTERED AGENT'S SIGNATURE:**

(The Limited Liability Company cannot serve as it own Registered Agent. You must designate and Individual or another business entity with an active Florida registration)

The name and the Florida street address of the registered agent are:

LIUBER PEÑA IBARGUREN

Name

16651 SW 117 AVE

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

MIAMI, FL. 33177

City, State, and 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 provision 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.

X **Registered Agent's Signature (Required)**RECEIVED
STATE
TREASURER
TALLAHASSEE, FLORIDA

19 FEB 28 AM 8:59

ARTICLE IV – Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as Follows:

Title:	Name and Address:
"MGR" = Manager	
"MORM" = Managing Member	

MGR	LIUBER PEÑA IBARGUREN
	16651 SW 117 AVE
	MIAMI, FL. 33177

(Use attachment if necessary)

ARTICLE V: EFFECTIVE DATE, IF OTHER THAN THE DATE OF FILING:
02/28/2019, (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.)

REQUIRED SIGNATURE:

X

SIGNATURE OF A MEMBER OR AN AUTHORIZED REPRESENTATIVE OF A MEMBER

(in accordance with section 605.40(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

LIUBER PEÑA IBARGUREN

Typed or printed name of signer

19 FEB 28 AM 09:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA