

L1900012215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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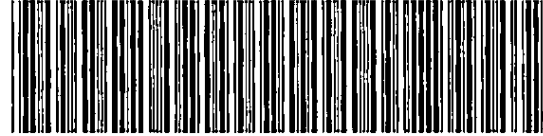
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 MAR 20 AM 9:50
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

N CULLIGAN

MAR 21 2019

COVER LETTER

TO: **New Filing Section**
Division of Corporations

SUBJECT: LUMAX PROPERTIES, 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:

CLIFTON H. RODRIQUEZ, CPA

Name of Person

CLIFTON H. RODRIQUEZ, CPA, PA

Firm/Company

3146 NW 68th STREET

Address

FORT LAUDERDALE, FLORIDA 33309-1206

City/State and Zip Code

crodz13@gmail.com/hughmongous54@comcast.net

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

For further information concerning this matter, please call:

CLIFTON H. RODRIQUEZ, CPA

Name of Person

at (954) 557-9038

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 14, 2019

CLIFTON H. RODRIGUEZ, CPA
3146 NW 68TH STREET
FORT LAUDERDALE, FL 33309-1206

SUBJECT: LUMAX PROPERTIES LLC
Ref. Number: W19000024755

We have received your document for LUMAX PROPERTIES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Chapter 605, Florida Statutes, does not allow limited liability companies to issue shares or stock. Consequently, limited liability company documents cannot contain any references/terms which may implicate otherwise. Please delete any references to terms such as "shares," "stock," "stockholders," "shareholders" or the like from your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 619A00005110

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LUMAX PROPERTIES, LLC

(Must contain the words "Limited Liability," "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:

LUMAX PROPERTIES, LLC

2160 NE 1st AVENUE

POMPAÑO BEACH, FLORIDA 33065

LUMAX PROPERTIES, LLC

2160 NE 1st AVENUE

POMPAÑO BEACH, FLORIDA 33065

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:

CLIFTON H. RODRIQUEZ, CPA

Name

3146 NW 68th STREET

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

FORT LAUDERDALE

City

FL 33309-1206

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
19 MAR 20 AM 9:50
SECOND DISTRICT OF FLORIDA
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGG

Name and Address:

BERNARD CHERISOL

2160 NE 1st AVENUE

POMPANO BEACH, FLORIDA 33065

AMBR

MICHAEL CHERISOL

501 W SUNRISE BOULEVAR, APT. NO. 4

FORT LAUDERDALE, FLORIDA 33311

(Use attachment if necessary)

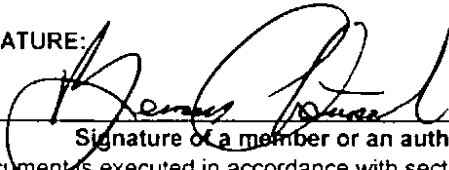
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

THE LIMITED LIABILITY CORPORATION SHALL HAVE AUTHORIZED ONE THOUSAND (1,000) SHARES AND ALL SHARES SHALL BE OWNED BY THE PARTNERS/OR SHAREHOLDERS OR RECORD.

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.

BERNARD CHERISOL

Typed or printed name of signee

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)

FILED
19 MAR 20 AM 9:50
CLERK OF THE
COURT
TALLAHASSEE, FLORIDA