

**LA 0000161377**

Florida Department of State

Division of Corporations  
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To:

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

From:

Account Name : R&P ACCOUNTING AND TAXES INC  
Account Number : I20170000090  
Phone : (305)358-1310  
Fax Number : (305)503-6701

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

Email Address: arod8730@gmail.com

**FLORIDA LIMITED LIABILITY CO.  
LOUCON SERVICES, LLC**

Certificate of Status	0
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SECRETARY OF STATE  
TALLAHASSEE, FL

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**

*The name of the Limited Liability Company and Effective day is:*

**LOUCON SERVICES, LLC**

*(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation  
"LLC," or "L.C.,")*

**ARTICLE II**

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

**Principal Office Address**  
2805 S OKLAND FOREST DR APT 202  
OAKLAND PARK, FL 33309

**Mailing Address**  
2805 S OKLAND FOREST DR APT 202  
OAKLAND PARK, FL 33309

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### **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:*

**R&P ACCOUNTING & TAXES, INC**

*Name*

**150 SE 2<sup>ND</sup> AVENUE SUITE # 404**

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

**MIAMI, FL 33131**

*FL 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 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*

X

***Registered Agent's Signature (REQUIRED)***

**ARTICLE IV**

***MGR=Manager(s) or AMBR= AUTHORIZED Member(s):***

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

***Title:***

***LOUIS CONSERVE  
2805 S OKLAND FOREST DR.APT 202  
OAKLAND PARK, FL 33309***

***AUTHORIZED MEMBER***

**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.***

***EFFECTIVE DAY 07/01/2019***

**REQUIRED: SIGNATURE**

X   
*Signature of a member or an authorized representative of a member.*

**LOUIS CONSERVE**

*(In accordance with section 605.0203(1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)*

**ARTICLE VI**

*The Florida Limited Liability Company will engage in any activity or business permitted under the laws of the State of Florida and the United States of America.*

*The main objective of the company is: REAL ESTATE*