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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:

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COVER LETTER

TO: New Filing Section Division of Corporations	-
SUBJECT: LCD C	royp LCC
Name of I	.imited Liability Company
The enclosed Articles of Organization and fee(s)	are submitted for filing.
Please return all correspondence concerning this	matter to the following:
ahristian D	LoPez Name of Person
	Name of Person
,	·
2915 Shaver rd	Address
Tul 1 20 Tl . 20	2.81.7
Janassee 71 3	City/State and Zin Code
Soper Perros Hallah	2312 City/State and Zip Code tassee @ gmail.com
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, plo	ease call:
Ohnstan lopez an	(YOI) 572 6784 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section Division of Corporations	New Filing Section Division of Corporations
P.O. Box 6327	Clitton Building 2661 Executive Center Circle
Tallahassee, FL 32314	Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	LOD Group	, LL	<u>C</u>
(Must con	tain the words "Limited Liah	lity Compar	ny, "L.L.C" or "LLC.")
TCLE II - Address: mailing address and street:	address of the principal office	of the Limit	ted Liability Company is:
Principal Office Address:			Mailing Address:
2010 wes	+ teennessees e - +1- 32304	+	
TOUGLOUSE	= = FI- 323001	_	
7471437123.52	<u> </u>	_	
TCLE III - Registered Ag	gent, Registered Office, & R	- – egistered A	gent's Signature: nt. You must designate an individua
CICLE III - Registered As Limited Liability Compan her business entity with an	gent, Registered Office, & R	egistered A istered Ager	gent's Signature: nt. You must designate an individua
CICLE III - Registered As Limited Liability Compan her business entity with an	gent. Registered Office, & R by cannot serve as its own Reg active Florida registration.)	egistered A istered Ager	nt. You must designate an individua
CICLE III - Registered As Limited Liability Compan her business entity with an	gent. Registered Office, & R by cannot serve as its own Reg active Florida registration.)	egistered A istered Ager	nt. You must designate an individua
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CICLE III - Registered As Limited Liability Compan her business entity with an	gent. Registered Office. & R by cannot serve as its own Reg by active Florida registration.) It address of the registered age Chris Han L No. 1915 Share 1	egistered A istered Agerent are: Lopiame Column Co	nt. You must designate an individua $\frac{2}{2}$

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)



Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMかに	Chiistian D Lopez
	2915 Shujer rd (12=4)
	Tallahassee Fl 32312
MGR-AMBR	Melba M Coites
19612 11110	1915 Sharer rd (1221)
	1911 an ussee F1 - 32312
ANIDIZ	Melua D DIAZ
	2915 Sharer rd (1221)
	Tallahassee Fl - 32317
	Market 1974
(Use attachment if necessary)	
CLE V: Effective date, if other than the da	tte of filing: $07 - 15 - 2019$ (OPTIONAL)
	specific and cannot be more than five business days prior to or 90 days
ite of filing.)	
If the date inserted in this block does no ocument's effective date on the Department	t meet the applicable statutory filing requirements, this date will not be lis
and the contract of the contra	nt of State's records

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.

Christian D Lopez
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)

