

11/14/2011 15:00 30120140 LAZARUS CORPORATE FILING SERVICE PAGE 01/03
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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
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Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
LUSHY ART LLC**

Certificate of Status	1
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Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I – Name:**

The name of the Limited Liability Company is:

LUSHY ART 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:**1356 SW 8 ST STE 201
Miami, FL 33135****Mailing Address:****10319 SW 145TH CT
Miami, FL 33186****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:

**ALEXANDRA SEDA
Name****10319 SW 145TH CT
Florida Street address (P.O. Box NOT acceptable)****Miami, FL 33186
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 the 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 6018, F.S..

x 
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

"MGRM" = Managing Member

MGR

ALEXANDRA SEDA

10319 SW 145TH CT Miami, FL 33186

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing; Thursday, November 14, 2019. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business day prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

x *Alexandra Seda*
Signature of a member or an authorized representative of a member.

(In accordance with section 605, Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ALEXANDRA SEDA

Typed or printed name of signer

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this Thursday, November 14, 2019, ALEXANDRA SEDA the Member, who produced a Chilean passport no. and who did take an oath.

Idalmis Rodriguez
Idalmis Rodriguez, Notary Public
State of Florida at Large

