

L19 000 304 977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

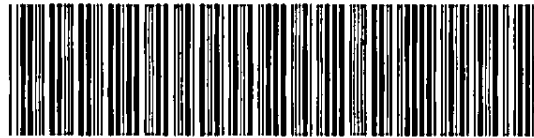
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/31/19--01004--008 **130.00

D O'KEEFE
DEC 23 2019

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19 DEC -9 PM 10:50
Seal of the State of Florida
TALLAHASSEE, FLORIDA

W19-102737



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 26, 2019

LUIS MIGUEL GARCIA
1149 N.W. JUANITA PL
CAPE CORAL, FL 33993

SUBJECT: LUIVIS TILE - MARBLE INC
Ref. Number: W19000102737

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SOUTH FLORIDA
TALLAHASSEE, FLORIDA

We have received your document for LUIVIS TILE - MARBLE INC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Article I. The LLC name is missing.

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.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 419A00024127

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: LUIVIS Tile - Marble L.L.C
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:

Luis Miguel Garcia
Name of Person

Luis M Garcia
Firm/Company

1149 N.W. Juanita PL
Address

Cape Coral FL, 33993
City/State and Zip Code

luismi564@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis M. Garcia at (239) 321-2628
Name of Person 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LUIVIS TILE - MARBLE

L.L.C.

(Must contain 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:

1149 N.W. Juanita PL
Cape Coral, FL, 33993

Mailing Address:

1149 N.W. Juanita PL
Cape Coral, FL, 33993

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:

Luis Miguel Garcia
Name

1149 N.W. Juanita PL
Florida street address (P.O. Box **NOT** acceptable)
Cape Coral FL 33993
City 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..

Luis M Garcia

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

Ivis Beaton

AMBR

303 S.W. 13th CT

Cape Coral FL, 33991

(Use attachment if necessary)

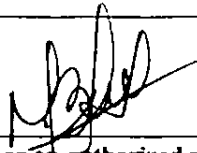
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

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.

Ivis Beaton

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA