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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BUSINESS SOLUTION GROUP LLC

Account Number : 120200000037 Phone : (321)284-9341 Fax Number : (407)271-8959

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

Email	Address:			

## FLORIDA LIMITED LIABILITY CO. **LUCZA LLC**

Certificate of Status	0
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APR 0 1 2020

T. SCOTT

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## COVER LETTER

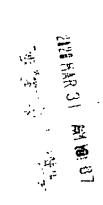
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•	•		G () ( 1311 E.G.				
TO:	New Filing Section Division of Corpo						
SUBJE	LUCZA LLC						
ovoje,	JC 1.	Name of Limited Liability Company					
The en	closed Articles of O	rganization and	l fee(s) are submit	ted for filing.			
Please	return all correspond	lence concerni	ng this matter to th	ne following:			
	Paola Cardena:	i					
	-		Name	of Person			
	Tax Care Orlar	ido					
	Firm/Company 12701 S John Young Pkwy Ste 216						
		Address					
	Orlando, Fl. 32837						
	paola.cardenas@	 Qtaxcareinc.com	•	and Zip Code			
	<u> </u>			re annual report notificat	tion)		
For furth	ner information conc	erning this mat	ter, please call:				
	Paola Cardenas		321 at (	284 9341			
	Name	of Person	Area Cod	e Daytime Telephor	ne Number		
Enclos	ed is a check for the	following anic	unt:				
□\$12	5.00 Filing Fee	□\$130.00 Fili Certificate of	Status Ce	\$155.00 Filing Fee & rified Copy ional copy is enclosed)	IS160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	New Fili Division P.O. Bo	Address ng Section of Corporation x 6327 sec, FL 32314	าร	Street Address New Filing Section E The Centre of Tallal 2415 N. Monroe Str Tallahassee, FL 323	nassee eet, Suite 810		

## ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

LUCZA LLC				
	atin the words "Limited	Liability Company, "I	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street:	address of the principal o	office of the Limited I.	iability Company is:	
<u>Princi</u>	pal Office Address:		Mailing Address:	
329 Auburn Avenuc Kissimmee, Florida		329 Auburn Avenue Kissimmee, Florida 34747		
ARTICLE III - Registered As (The Limited Liability Compan another business entity with an	y cannot serve as its own active Florida registration	n Registered Agent, Yon.)		ividuał or
The name and the Florida street	t address of the registered	d agent are:		
	TAN CARE ORLAN	<del></del>		
		Name		
	12701 S. John Young	g Pkwy Ste 216		
	Florida street addres	ss (P.O. Box <u>NOT</u> acc	eptable)	
	Orlando	Florida	32837	
	City	State	Zip	
Having been named as registered dace designated in this certificate wither agree to comply with the p un familiar with and accept the o	e, I hereby accept the app provisions of all stautes r	ointment as registerea relating to the proper a	l agent and agree to act is ind complete performance	n this capacity. I e of my duties, and I

(CONTINUED)



## ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	·
	Zhandha Mistak
MGRM	Claudia Bisiak Calle Jenacio Merino 725 Apt. 201
	Lima 018 Peru
	un
	<del></del>
(Use attachment if necessary)	
(Ose attachment if necessary)	
ARTICLE V: Effective date, if other than the de	ate of filing:
	specific and cannot be more than five business days prior to or 90 days after
the date of filing.)	of meet the applicable statutory filing requirements, this date will not be listed :
the document's effective date on the Departme	
	THE OF CHAPTER STREET
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	A Comment of the comm
· · · (	4-1:
Signature of a	member or an authorized representative of a member.
This document is exe	ecuted in accordance with section 605.0203 (1) (b), Florida Statutes.
	alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
constitues a tille des	Programmed and Indiana and Indiana contract Company
<u>Claudia Bisial</u>	Typed or printed name of signee
	ryped 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)