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Division of Corporations Electronic Filing Cover Sheet

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	Doing so will generate another cover sheet.	<u> </u>	7070
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To:	Division of Corporations	~	G
	Fax Number : (850)617-6381	(5)	_
	Lax (double) . (pag)or, case	-1	
From:	•		-
(TOM.	Account Name : EXPERTAX	•	Ċ
	Account Number : I20200000010		
	Phone : (407)777-7470		(
	Fax Number : (321)206-9743		
Enter ann	the email address for this business entity to be uual report mailings. Enter only one email address	used for future s please.	
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FLORIDA LIMITED LIABILITY CO. LAUDICES TRAINING & SERVICES LLC

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COVER LETTER

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TO:

New Filing Section
Division of Corporations

2020 AUG 31 PH 5: 00

end rect.		S TRAINING & SERVICE	SLLC	Al	Market Francis
SUBJECT:		Name of Limi	ted Liability Company		
The enclose	d Articles of	Organization and fec(s) are	submitted for filing.		
Please retur	n all correspo	ndence concerning this mat	ter to the following:		
	MARILUZ S	SALAZAR VELAZCO			
			Name of Person		
			Firm/Company		
	1818 MART	IN LUTHER KING AVE E	E APT 9E		
		,	Address		
	BRADENTO	ON , FL 34208		_	
		Cir	ty/State and Zip Code		
-		E-mail address: (to be used t	for future annual report notification	on)	
Por further is	nformation co	ncerning this matter, please	call:		
	MARILUZ S	ALAZAR VELAZC 9	2649014		
	Nam	e of Person Ar	ea Code Daytime Telephone	Numbe	
Enclosed is	a check for t	he following amount:			
□\$125.00	Filing Fcc	■\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cer Cert	160.00 Filing Fee, tificate of Status & tified Copy ional copy is enclosed)
		ng Address	Street Address New Filing Section Di	vision	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDAL UNITED LIABILITY COMPANY

	1 - Name: of the Limited Liability Company is:			
	LAUDICES TRAINING & SERVICES (Must conatin the words "Limi	LLC ited Liability Comp	pany, "L.L.C.," or "LLC.")	
ARTICL	E. II - Address: g address and street address of the princip	oal office of the Li	mited Liability Company is:	:
	Principal Office Address:		Mailing A	<u>ddress</u> :
	1818 MARTIN LUTHER KING AVE E BRADENTON, FL 34208	APT 9E	1818 MARTIN LUTHER BRADENTON, FL 3420	
(The Limi another b	EIII - Registered Agent, Registered Offi ted Liability Company cannot serve as its asiness emity with an active Florida regist and the Florida street address of the regis MARILUZ SAL	own Registered Aparation.)	gent. You must designate as	ı individual or
		Name		
		LUTHER KING A		-
	Florida street ad	ldress (P.O. Box N	OF acceptable)	
	BRADENTON	FLORI	DA 34208	_
	City	State	Zip	
place desig further aan	n named as registered agent and to accept nated in this certificate, I hereby accept the e to comply with the provisions of all statu with and accept the obligations of my post.	appointment as re utes relating to the p ition as registered o	gisterea agent ana agree to proper and complete perform	act in this capacity. I nance of my duties, and I

(CONTINUED)

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Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
<u>MGR</u>	LAURA SANCHEZ SALAZAR 1818 MARTIN LUTHER KING AVE E APT 9E BRADENTON, FL 34208
<u>MGR</u>	MARILUZ SALAZAR VELAZCO 1818 MARTIN LUTHER KING AVE É APT 9E BRADENTON , FL 34208
fective date is listed, the date must be of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90
LE V: Effective date, if other than the offective date is listed, the date must be	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not
LE V: Effective date, if other than the offective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Departm	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not sent of State's records.
LE V: Effective date, if other than the offective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Departm LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of: This document is ex I am aware that any	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not sent of State's records.
LE V: Effective date, if other than the offective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Departm LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of: This document is ex I am aware that any	a member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State agree felony as provided for in s.817.155, F.S.
LE V: Effective date, if other than the offective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Departm LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of: This document is ex I am aware that any	expecific and cannot be more than five business days prior to 67 90 not meet the applicable statutory filing requirements, this date will not sent of State's records. The member of an authorized representative of a member. The executed in accordance with section 605.0203 (1) (b), Florida Statutes. The false information submitted in a document to the Department of State.