

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:			<u>ਜ਼ਾ</u> ਆ
	Division of Co	orporations	\$5
	Fax Number	•	(1)
From:			
	Account Name	: C T CORPORATION SYSTEM	2.20 2.20 2.00
	Account Number	: FCA000000023	Ĩ
	Phone	: (614)280-3338	~.
	Fax Number	: (954)208-0845	

Email Address:____

FLORIDA LIMITED LIABILITY CO. Lautieer Group, LLC

Certificate of Status	U
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Lautieer Group, LLC

(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:

Mailing Address:

12717 W. Sunrisc Blvd.	12717 W. Sunrise Blvd.	
#325	#325	
Sunrise, FL 33323	Sunrise, F1, 33323	

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:

Arron Pinder
Ni ro

12717 W. Sunrise Blvd., #325 Florida street address (P.O. Box <u>NOT</u> acceptable)

 Sunrise, Fl. 33323
 Florida
 33323

 Cly
 State
 Zip

Agent's Signature (NEQ) RED

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 his expacity. I further agree to comply with the provisions of all statutes relating to thy proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as figure agent as provided for in Capter 605, ES

(CONTINUED)

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From: Kimberly Leughrey

ARTICLE IV-

Page: 4 of 4

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

Title:	Name and Address:	
	thorized Member	
"MGR" = Mana	uñet	
MGR	Arron Pinder	_
	Lakeshore Drive, Westridge Estates	_
	Nassau, The Bahamas	_
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(If an effective date is list the date of filing.) Note: If the date inserte	date, if other than the date of filing:	
ARTICLE VI: Other pro	•	
REQUIRED S	SIGNATURE: Airdin	
-	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 \$817.155, F.S.	
	Arron Pinder, Manager	
	Typed or printed name of signce	
	·	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- S 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)