3/19/2021

Division of Corporations

# Florida Department of State

Division of Corporations

Electronic filing Corer She ype the fax audit number ase print this page and use it as a co

(shown below) on the top and bottom of all pages of the document.

(((H210001113173)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : FGC CORPORATE ADVISORS

Account Number : I20210000034 : (305)432-3009 Phone Fax Number : (786)369-1381

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

# FLORIDA LIMITED LIABILITY CO. LSX HOLDING LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

3/22/2021 12:11:51 PM PAGE

1/001 Fax Server



March 22, 2021

FLORIDA DEPARTMENT OF STATE Division of Corporations

FGC CORPORATE ADVISORS

SUBJECT: LSX HOLDING LLC

REF: W21000037548

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must be listed exactly as it appears on DOS records.

Please return the corrected original and one copy of 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.

Steve J Kurisko Regulatory Specialist II New Filings

FAX Aud. #: H21000111317 Letter Number: 921A00005954

E3



# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the forms and instructions to form a Florida Limited Liability Company pursuant to Chapter 605, Florida Statutes. All information included in the Articles of Organization must be in English and must be typewritten or printed legibly. If this requirement is not met, the document will be returned for correction(s). The Division of Corporations suggests using the sample articles merely as a guideline. Pursuant to s. 605.0201, Florida Statutes, additional information may be contained in the Articles of Organization.

The name of a limited liability company must be distinguishable on the records of the Florida Department of State.

A preliminary search for name availability can be made on the Internet through the Division's records at www.sunbiz.org. Preliminary name searches and name reservations are no longer available from the Division of Corporations. You are responsible for any name infringement that may result from your name selection.

NOTE: This form for filing Articles of Organization is basic. Each limited liability company is a separate entity and as such has specific goals, needs, and requirements. Additionally, the tax consequences arising from the structure of a limited liability company can be significant. The Division of Corporations recommends that all documents be reviewed by your legal counsel. The Division is a filing agency and as such does not render any legal, accounting, or tax advice. The professional advice of your legal counsel to ascertain exact compliance with all statutory requirements is strongly recommended.

Pursuant to s.605.0201, Florida Statutes, the Articles of Organization must set forth the following:

#### ARTICLE 1:

The name of the limited liability company, which must contain the words "Limited Liability Company," or the abbreviation "L.L.C.," or "LLC."

#### ARTICLE II:

The mailing address and the street address of the principal office of the limited liability company.

#### ARTICLE III:

The name and Florida street address of the limited liability company's registered agent. The registered agent must sign and state that he/she is familiar with and accepts the obligations of the position. P.O. Boxes are not acceptable.

2

ARTICLE IV: The name and address of each person authorized to manage and control the Limited Liability Company. Although this information is optional at this time, most financial institutions require this information to be recorded with the Florida Department of State in order to open an account. The Department of Financial Services also requires this information to issue Workers' Compensation.

Use "AMBR" for members who are authorized to manage and control the company. Use "MGR" for managers of manager-managed LLCs.

ARTICLE V: If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 calendar days after the date of filing.

#### What is an effective date?

You may list an effective date if you would like the limited liability company's existence to become effective on a date other than the date it is filed by this office., The effective date can be up to 5 business days prior to the date of receipt or up to 90 days after the date of receipt.

The entity's first annual report form will be due January 1st of the calendar year following the year of formation. If a limited liability company is created late in the calendar year and it doesn't expect to commence business until on or after January 1st of the upcoming year, it should add an effective date of January 1 for the coming year.

If the effective date is in the next calendar year, it will delay the requirement to file an annual report until the following calendar year. Example: A limited liability company is formed December 1, 2007. If it added an effective date of January 1, 2008, the first annual report would not be due until January 1, 2009. If a 2008 effective was not listed, the first annual report would be due January 1, 2008.

#### Signature:

Articles of Organization must be executed by an authorized person, and the execution of the document constitutes an affirmation under the penalties of perjury that the facts stated therein are true.

#### FILING FEES:

\$ 125.08 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (OPTIONAL)

\$ 5.00 Certificate of Status (OPTIONAL)

A letter of acknowledgment will be issued free of charge upon registration. Please submit one check made payable to the Florida Department of State for the total amount of the filing fees and any optional certificate or copy.

A cover letter containing your name, address and daytime telephone number should be submitted along with the articles of organization and the check. The mailing address and courier address are:

Mailing AddressStreet/Courier AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

Any further inquiries concerning this matter should be directed to the New Filing Section by calling (850) 245-6052.

### Important Information About the Requirement to File an Annual Report

All Florida Limited Liability Companies must file an Annual Report yearly to maintain "active" status. The first report is due in the year following formation. The report must be filed electronically online between January 1<sup>st</sup> and May 1<sup>st</sup>. The fee for the annual report is \$138.75. After May 1<sup>st</sup> a \$400 late fee is added to the annual report filing fee. "Annual Report Reminder Notices" are sent to the e-mail address you provide us when you submit this document for filing. To file any time after January 1<sup>st</sup>, go to our website at <a href="https://www.sumbiz.org">www.sumbiz.org</a>. There is no provision to waive the late fee. Be sure to file before May 1<sup>st</sup>.



0

## **COVER LETTER**

	lew Filing Sec Division of Co						
CLUB IVIC		DING LLC					
SUBJECT	1;	Name of	Limited Liabil	lity Company	······································		
The enclose	sed Articles of	Organization and fee(s)	are submitted	I for filing.			
Please reti	urn all correspo	ondence concerning this	matter to the	following:			
	FABIANA (	CIOBATARU					
			Name of	F Person			
	c/o FGC CO	RPORATE ADVISOR	SLLC				
	<del></del> -		Firm/Co	ompany		<del></del>	
	1001 BRICE	CELL BAY DRIVE, SU	ПТЕ 3200				
			Add	reas		<del></del>	
	MIAMI, FL	33131					
	FABIANA@	FGCADVISORS.COM	City/State au	nd Zip Code	,		
		E-mail address: (to be us		annual report notificati	on)		
For further	information co	oncerning this matter, ple	ease call:				
	FABIANA C	CIOBATARU	305 (	432-3009			
	Nan	ne of Person	Area Code	Daytime Telephon	e Number		
Enclosed	is a check for t	the following amount:					Tel
₩\$125.0	0 Filing Fee	□\$130.00 Filing Fee Certificate of Status	Certif	55.00 Filing Fee & fied Copy nal copy is enclosed)	☐\$160.00 Filing ☐ Certificate of Statu Certified Copy (additional copy is er	is & TE	
	New F Divisi P.O. E	ng Address Filing Section on of Corporations Box 6327 hassee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230	ussee Et, Suite 810	ĒD PH 1: 07	;

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	ty Company is:				
The name of the Emilieo Elaomi	ly Company is:				
LSX HOLDING LLC	C				
(Must cont	tain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")		
ARTICLE II - Address:	1164	- 00 Cabu T imiand	Lishika Commonvio		
The mailing address and street a	udress of the principal of	office of the Chineu	Liability Conquary is.		
<u>Princip</u>	al Office Address:		Mailing Addr	ess:	
8841 NEW RIVER I	ALLS RD	1001	BRICKELL BAY DR. S	SUITE 3200	
BOCA RATON, FL		MIA 3313	MI, FL	<del></del>	
33496		3313	·1	<del></del>	
(The Limited Liability Company another business entity with an The name and the Florida street	active Florida registrati	on.)			
	FGC CORPORATE	ADVISORS LLC			
		Name			
	1001 BRICKFLLB	AY DRIVE, SUITE	3200		
		ss (P.O. Box NOT a			
	MIAMI	FL	33131		
	City	State	Zip		
Having been named as registered place designated in this certificate further agree to comply with the part of familiar with and accept the old	, I hereby accept the approvisions of all statutes (	pointment as registere relating to the proper	ed agent and agree to act and complete performand	in this capacity. I ce of my duties, and I	
	Regis	tered Agent's Signat	ure (REQUIRED)	185	-
				<u> </u>	
		(CONTINUED)		FILED IKC 22 PM 1: 07 ISTATE IN CLUMETORIDA	
				: <b>07</b> : 176 : 176 : 176	,

ARTICLE IV-

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" - Manager	
MGR	D ANGELO FRED BASSANI MACHADO
MOR	8841 NEW RIVER FALLS RD
	8841 NEW RIVER FALLS RD BOCA RATON. FL 33496 US
(Use attachment if necessary)  LE V: Effective date, if other than the date frective date is listed, the date must be a	ate of filing: (OPTIONAL)  specific and cannot be more than five business days prior to or 90 days afte
LE V: Effective date, if other than the da ffective date is listed, the date must be see of filing.) If the date inserted in this block does no	specific and cannot be more than five business days prior to or 90 days afte of meet the applicable statutory filing requirements, this date will not be listed
LE V: Effective date, if other than the date ffective date is listed, the date must be set of filing.)  If the date inserted in this block does not be ument's effective date on the Department's CLE VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 days afte of meet the applicable statutory filing requirements, this date will not be listed
CLE V: Effective date, if other than the date ffective date is listed, the date must be set of filing.)  If the date inserted in this block does not the Department of the Dep	specific and cannot be more than five business days prior to or 90 days afte of meet the applicable statutory filing requirements, this date will not be listed int of State's records.
LE V: Effective date, if other than the date ffective date is listed, the date must be set of filing.)  If the date inserted in this block does not be ument's effective date on the Department's CLE VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed and of State's records.
LE V: Effective date, if other than the date frective date is listed, the date must be set of filing.)  If the date inserted in this block does not turnent's effective date on the Department LE VI: Other provisions, if any.  REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed and of State's records.
LE V: Effective date, if other than the da  ffective date is listed, the date must be see of filing.)  If the date inserted in this block does no ument's effective date on the Department LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a service of the department is executed by the date of the date.	specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed and of State's records.  member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes.
LE V: Effective date, if other than the da  ffective date is listed, the date must be see of filing.)  If the date inserted in this block does no ument's effective date on the Department LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a service of the department is executed by the date of the date.	specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed and of State's records.  member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes.
LE V: Effective date, if other than the da  ffective date is listed, the date must be see of filing.)  If the date inserted in this block does no ument's effective date on the Department LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a service of the department is executed by the date of the date.	specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed and of State's records.  member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes.
LE V: Effective date, if other than the da  ffective date is listed, the date must be see of filing.)  If the date inserted in this block does no ument's effective date on the Department LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a service of the department is executed by the date of the date.	specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed and of State's records.  member or an authorized representative of a member.
LE V: Effective date, if other than the da  ffective date is listed, the date must be see of filing.)  If the date inserted in this block does no ument's effective date on the Department LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a 1  This document is exect I am aware that any faconstitutes a third degree.	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
LE V: Effective date, if other than the da  ffective date is listed, the date must be see of filing.)  If the date inserted in this block does no ument's effective date on the Department LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a 1  This document is exect I am aware that any faconstitutes a third degree.	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.  OBATARU, as Authorized Representative Typed or printed name of signee
LE V: Effective date, if other than the da  ffective date is listed, the date must be se of filing.)  If the date inserted in this block does no ument's effective date on the Department  LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a second and a second a second and a	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.  OBATARU, as Authorized Representative Typed or printed name of signee
LE V: Effective date, if other than the date fective date is listed, the date must be stoof filing.)  If the date inserted in this block does not ament's effective date on the Department.  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a stook does not be department in execution of the department is executed as a stook department of the date inserted in this block does not be department of the date inserted in this block does not be department.	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.  OBATARU, as Authorized Representative Typed or printed name of signee
LE V: Effective date, if other than the date feetive date is listed, the date must be see of filing.)  If the date inserted in this block does no nument's effective date on the Department LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a 1 This document is exect I am aware that any faconstitutes a third degree FABIANA CIG	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.  OBATARU, as Authorized Representative  Typed or printed name of signee  Filing Fees: Organization and Designation of Registered Agent