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CAPITAL CONNECTION, INC.417 E: Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Lomis 106, LLC				
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				Art of Inc. File
	<u> </u>			LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
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				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
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				Corp Record Search
				Officer Search
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Requested by: SETH	03/30/21			UCC 1 or 3 File
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Walk-In	Will Pick Up			Courier

COVER LETTER

TO: New Filing Section

Division of Cor	porations			
Lomis 106, SUBJECT:	LLC			
SOBJECT.	Name of I	Limited Liabili	ty Company	
The enclosed Articles of	Organization and fee(s)	are submitted	for filing.	
Please return all correspo	ondence concerning this	matter to the fo	ollowing:	
Samuel Spen	cer Blum, Esquire			
		Name of	Person	
		r: 70		
		Firm/Co	npany	
2666 Tigerta	il Avenue, Suite 106			
-		Addre	ess	
Coconut Gro	ve, Florida 33133			
łaura@samblu	m.com	City/State and	l Zip Code	
	E-mail address: (to be us	ed for future a	nnual report notificati	ion)
For further information con	ncerning this matter, ple	ase call:		
Samuel S. Blu		305	854-1885)	
Name	Name of Person Area Code Daytime Telephone Number		e Number	
Enclosed is a check for the	ne following amount:			
■\$125.00 Filing Fee	□\$130.00 Filing Fee Certificate of Status	Certifie	i.00 Filing Fee & ed Copy cl Copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
New Fi Divisio P.O. B	g Address ding Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Lomis 106, LLC				
(Must conta	in the words "Limited I	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal of	ffice of the Limited	Liability Company is:	
<u>Principa</u>	l Office Address:		<u>Mailing Addr</u>	ess:
c/o 2666 Tigertail Ave	enue	c/o 2	666 Tigertail Avenue	
Suite 106			106	
Coconut Grove, Florid	đa	Coc	onut Grove, Florida 3313.	•
ARTICLE III - Registered Age	nt, Registered Office, &	& Registered Age	nt's Signature:	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	nt, Registered Office, & cannot serve as its own ctive Florida registration	& Registered Age Registered Agent. n.)	nt's Signature:	
ARTICLE III - Registered Age (The Limited Liability Company	nt, Registered Office, & cannot serve as its own ctive Florida registration	& Registered Age Registered Agent. n.)	nt's Signature:	lividual or
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	nt, Registered Office, & cannot serve as its own ctive Florida registration	& Registered Agent. Registered Agent. n.) agent are:	nt's Signature:	lividual or
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ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	nt, Registered Office, & cannot serve as its own ctive Florida registration ddress of the registered Samuel Spencer Blum	& Registered Agent. Registered Agent. n.) agent are: n. Esquire Name e, Suite 106	nt's Signature: You must designate an inc	lividual or
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	nt, Registered Office, a cannot serve as its own etive Florida registration ddress of the registered Samuel Spencer Blum 2666 Tigertail Avenue Florida street address	& Registered Agent. Registered Agent. n.) agent are: n. Esquire Name e, Suite 106 s (P.O. Box NOT a	nt's Signature: You must designate an inc	fividual or
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	nt, Registered Office, a cannot serve as its own ctive Florida registration ddress of the registered Samuel Spencer Blum 2666 Tigertail Avenue	& Registered Agent. Registered Agent. n.) agent are: n. Esquire Name e, Suite 106	nt's Signature: You must designate an inc	lividual or

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Title	Name and Address
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ARTICLE V. Effective date; if other than the date of filing

(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 the document; affective date on the Department of State's records.

ARTICLE VI: Other provisions, if any a

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Signature of a member of in 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 \$8.77155 F.S.

ation and Designation of Registered 25:00 Filing Fee for Articles of O 30:00 Certified Copy (Optional)