4/9/2021

2021-04-09 19:44:41 GMT

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From: Yanet Avila

Division of Corporations

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:		F	APR -
	Division of Corporations Fax Number : (850)617-6381	₹ ·	9
From:		<u> </u>	PM 12: 10
., .,	Account Name : EXPRESS CORPORATE FILI	NG SERVICE INC.	?: -
	Account Number : I20000000146 Phone : (305)444-4994		0
	Fax Number : (305)444-4977	·	
••••••••••••••••••••••••••••••••••••	ne email address for this business entit	ou to be used for future	2021

## FLORIDA LIMITED LIABILITY CO. LA F RECORDS LLC

Certificate of Status	0	
Certified Copy	l .	
Page Count	03	
Estimated Charge	\$155.00	

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Corporate Filing Menu

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13053284774

From: Yenet Avila

**.** G.

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE 1 - Name: The name of the Limited Liability Company is: LA F RECORDS 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: 3114 PULLMAN CAR DR #103 VALRICO, FL 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: OMAR VEGA TORRES Name 3114 PULLMAN CAR DR # 103 Florida street address (P.O. Box NOT acceptable)

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. Thereby 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.,

City

/s/ Omar Vega Torree
Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

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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 s.817.155, F.S.

OMAR VEGA TORRES

Typed 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)