

L21000198434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PO BOX

☐

WAIT

☐

MAIL

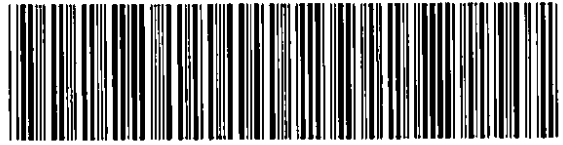
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special instructions to Filing Officer

Office Use Only



000365657110

RECEIVED

2021 MAY -5 PM 12:39

SECRETARY OF STATE
TALLAHASSEE FL 32304

RECEIVED

2021 MAY -5 AM 9:00

SECRETARY OF STATE
TALLAHASSEE FL 32304

Handwritten signature/initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 6, 2021

INCORPORATING SERVICES, LTD.

SUBJECT: LRA LEGACY, LLC
Ref. Number: W21000062212

We have received your document for LRA LEGACY, LLC and the authorization to debit your account in the amount of \$155.00. However, the document has not been filed and is being returned for the following:

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return 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.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 221A00009485

*please honor
the original sub date
file date, thank!*

2021 MAY -5 AM 9:00

FILED

2021 MAY -6 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 5/4/2021

PRIORITY Regular Approval

OUR REF. # (Order ID#) 914256

ORDER ENTITY

LRA LEGACY, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

LRA LEGACY, LLC (FL)

Please file the attached articles and provide a certified copy.

NOTES:

\$155.00 Authorized

Email address for annual report reminders: mkenigsberg@chuhak.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

2021 MAY -5 AM 9:00

MAILED

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LRA Legacy, 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:

300 Avenue, Unit 4C
Miami Beach, Florida 33139

Mailing Address:

300 Avenue, Unit 4C
Miami Beach, Florida 33139

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:

Tarek Hammoud

Name

300 Avenue, Unit 4C

Florida street address (P.O. Box **NOT** acceptable)

<u>Miami Beach</u>	<u>Florida</u>	<u>33139</u>
City	State	Zip

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..

Tarek Hammoud
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 MAY -5 AM 9:00

FILED

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Lina Hammoud

300 Collins Ave, Unit 4C

Miami Beach, Florida 33139

(Use attachment if necessary)

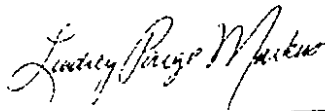
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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 as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.

Lindsey P. Markus

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)

2021 MAY -5 AM 9:01

FILED