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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

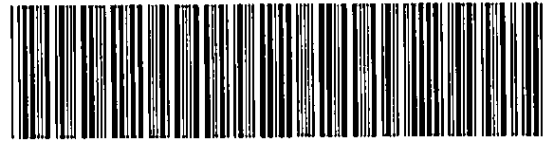
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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12/29/20--01006--010 **130.00

APPROVED
AND
FILED
2021 MAY 24 AM 7:59
CLERK OF COURT

BB 5/24

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L2100001751

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: LIFESTYLE LowKey LLC
Name of Limited Liability Company

Dear Sir or Madam:

~~The enclosed Articles of Domestication for New LLC Entity and fee(s) are submitted for filing.~~

Please return all correspondence concerning this matter to the following:

Eric Owens
Name of Person

Lifestyle LowKey
Firm/Company

2324 Shoma Lane
Address

Wellington FL 33414
City/State and Zip Code

LIFESTYLELowKey4L@G.mail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eric Owens at (281) 772-6198
Name of Person Area Code Daytime Telephone Number

Mailing Address:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

~~Articles of Domestication: \$25~~
Articles of Organization: \$125
Total to Domesticate and file: \$150

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lifestyle LowKey LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

2021 MAY 24 AM 7:59

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

2324 Shoma Lawe
Wellington FL 33414

2324 Shoma Lawe
Wellington FL 33414

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:

Eric Owens
Name

2324 Shoma Lawe
Florida street address (P.O. Box **NOT** acceptable)

Wellington FL 33414
City 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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AmBR

Name and Address:

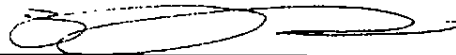
Eric Owens 2324 Shoma Lane
Wellington FL 33414

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Jan 1, 2021 (OPTIONAL)
(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative

(In accordance with section 605.0205 (3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Eric Owens

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)