5/26/2021



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H21000210647 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I2000000146

Phone : (305)444-4994

Fax Number

: (305)444-4977

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

 Address:			

FLORIDA LIMITED LIABILITY CO. LISA BY DESIGN, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

57

The name of the Limited Liability Company is:

LISA BY DESIGN, LLC

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

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:		
H11 CRANDON BLVD #B305	1111 CRANDON BLVD #B305		
KEY BISCAYNE, FL 33149	KEY BISCAYNE, FL 33149		

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:

EXPRESS	CORPO	LATE FILING SERV	ACE, INC.
		Name	- ,
12905 SW	42nd STE	REET STE: 210	
Florida st	reet addres	is (P.O. Box <u>NOT</u> ac	ceptable)
MIAMI		FL	33175
	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 agents a provided for in Chapter 605, F.S.,

(CONTINUED)

tered Agent's Signature (REQUIRED)

Title: "AMBR" = Authorized Member	Name and Address:
MGR* = Manager AMBR	LISA BARNES 1111 CRANDON BLVO #B305 KEY BISCAYNE, FL 33149
(Use attachment if necessary)	
If an effective date is listed, the date must be see date of filing.)	date of filing:
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE: USA BAPAES Ital Barmas (May 25, 2021 CF	
Signature of a This document is ex I am sware that any i	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State agree felony as provided for in s.817.155, F.S.

Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)

LISA BARNES