

# L21000259494

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

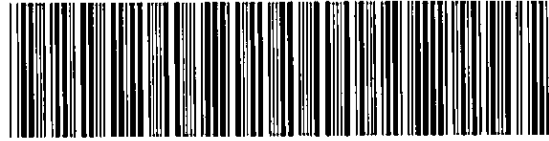
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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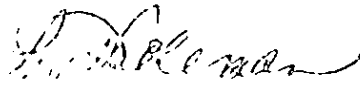
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 842962 4311639

AUTHORIZATION :



COST LIMIT : \$ 155.00

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ORDER DATE : June 3, 2021

ORDER TIME : 11:13 AM

ORDER NO. : 842962-005

CUSTOMER NO: 4311639  
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DOMESTIC FILING

NAME: LYRA IMPORTS, LLC

EFFECTIVE DATE:

\_\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX \_\_\_\_\_ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX \_\_\_\_\_ CERTIFIED COPY  
\_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

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**ARTICLES OF ORGANIZATION  
OF  
LYRA IMPORTS, LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is **Lyra Imports, LLC**

**ARTICLE II: - Address**

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

**c/o Boyne Capital Partners  
3350 Virginia Street  
Suite 400  
Miami, Florida 33133**

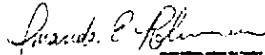
**ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature**

The name and the Florida street address of the registered agent are:

**Corporation Service Company  
1201 Hays Street  
Tallahassee, Florida 32301**

*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.*

CORPORATION SERVICE COMPANY, as Registered Agent



Name: Amanda E. Robinson

Title: Assistant Vice President

**ARTICLE IV: - Management**

The name and address of each person authorized to manage and control the limited liability company is as follows:

<u>Title:</u>	<u>Name and Address:</u>
MGR	Derek A. McDowell 3350 Virginia Street, Suite 400 Miami, Florida 33133
MGR	Adam Herman 3350 Virginia Street, Suite 400 Miami, Florida 33133
MGR	Joshua Bilmes 3350 Virginia Street, Suite 400 Miami, Florida 33133

**IN WITNESS WHEREOF**, the undersigned has executed these Articles of Organization on June 3<sup>rd</sup>, 2021.

/s/ Erin M. Swick

Erin M. Swick, authorized representative of a Member

(In accordance with section 605.0203(1)(b), 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 Section 817.155, Florida Statutes.)

Erin M. Swick

Typed or printed name of signee

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**SECRETARY OF STATE  
TALLAHASSEE, FL**