PAGE 2/5

Division of Corporations Electronic Filing Cover Sheet

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.

(((H21000260883 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this bag Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : SIEGFRIED, KIPNIS, RIVERA, LERNER, DE LA TORRE & MOCARSKI PA

Account Number : 076424000767

Phone : (305)442-3334

Fax Number : (305)443-3292

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

FLORIDA LIMITED LIABILITY CO. LAKUINTA LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help



July 9, 2021

FLORIDA DEPARTMENT OF STATE

Division of Corporations

OSCAR R RIVERA ESQ 8211 WEST BROWARD BLVD SUITE 250 PLANTATION, FL 33324

SUBJECT: LAKUINTA LLC

REF: W21000098285

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

If you have any further questions concerning your document, please call (850) 245-6052.

Alannah M Carranza Regulatory Specialist II New Filings FAX Aud. #: H21000260883 Letter Number: 621A00015710 [H21000260883 3]

COVER LETTER

TO: Registration Department
Division of Corporations

SUBJECT: LAKUINTA LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Oscar R. Rivera, Esq.
Siegfried Rivera
8211 West Broward Boulevard, Suite 250
Plantation, Florida 33324
orivera@siegfriedrivera.com

For further information concerning this matter, please call:

Oscar R. Rivera, Esq. Telephone: 954-781-1134

[E 58K0950001KH]

FILED

2021 JUL -9 AM 10: 33

SECRETARY OF STALLAHASSEE, FL

ARTICLE I - NAME:

The name of the Limited Liability Company is: LAKUINTA LLC

ARTICLE II - ADDRESS:

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

Principal Office Address:

7301 S.W. 57th Court, Suite 520 South Miami, Florida 33143

Mailing Address:

7301 S.W. 57th Court, Suite 520 South Miami, Florida 33143

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The Name and the Florida Street address of the Registered Agent is SKRLD, INC., 8211 West Broward Boulevard, Suite 250, Plantation, Florida 33324.

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.

Oscar R. Rivera, Registered Agent

Florida Bar No.:329193

ARTICLE IV - MANAGER/DIRECTORS

MGR
Angel Veliz
7301 S.W. 57th Court, Suite 520
South Miami, Florida 33143

MGR
Rene Veliz
7301 S.W. 57th Court, Suite 520
South Miami, Florida 33143

[H21000260883 3]

REQUIRED SIGNATURE:

Signature of a member or 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 follows as provided for in 6.817.155.F.S.)

OSCAR R. RIVERA
Type or printed name of signee

 $\label{thm:librarycase} \mbox{H:λ is expressed for organization {LLC} form.docx}$

2021 JUL -9 AM 10: 33
SECRETARY OF SECRETARY