# L24 066 323 619

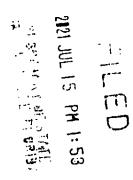
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June 20, 2021

## FLORIDA DEPARTMENT OF STATE

Division of Corporations

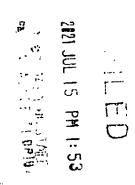
P.O. BOX 6327 | TALLAHASSEE, FLORIDA 32314

In reviewing my submitted application for LLC. I noticed that I had filled out and mailed the incorrect application. This is a request to form a Florida LLC not a request to operate a foreign LLC in Florida. Please accept the correct application of Articles of Organization instead of Qualification of a Foreign LLC.

SINCERELY.

Lawa H Lyonnais

LAURA LYONNAIS



### **COVER LETTER**

10:	New Filing Sec Division of Cor						
	LaLaKina	LLC					
SUBJE	CCT:						
		Name of t	imited Liabili	ty Company			
The end	closed Articles of	Organization and fee(s)	are submitted	for filing.			
Please	return all correspo	ondence concerning this	matter to the f	ollowing:			
	Laura Lyonr	nais					
			Name of	Person		<del></del>	
	LaLaKina L	LC					
		<u> </u>	Firm/Co	mpany			
	6408 Key Is	land Avenue					
			Addr	ess		<del></del>	
	Apollo Beac	eh, FL 33572					
	lalakinallc@g	email.com	City/State an	d Zip Code			
		E-mail address: (to be us	ed for future a	nnual report notificati	on)	-	
For furth	er information co	ncerning this matter, ple	ase call:				
	Laura Lyonn	ais	703	870-6171			
	Nam	ie of Person	Area Code	Daytime Telephone	Number		
Enclose	ed is a check for t	he following amount:					
<b>≣\$</b> 125	5.00 Filing Fee	□\$130.00 Filing Fee Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	©\$160.00 F Certificate of Certified Co (additional cop	of Status & py py is enclose	
	New F Division P.O. B	ng Address illing Section on of Corporations lox 6327 assee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230	ssee et, Suite 810	JUL 15 PM 1:5	

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE I - Name: ne name of the Limited Lia	bility Company is:		
LaLaKina LLC			
(Must o	contain the words "Limited Lia	ability Company,	"L.L.C.," or "LLC.")
RTICLE II - Address:			
e mailing address and stre	et address of the principal offi	ice of the Limited	Liability Company is:
<u>Prin</u>	cipal Office Address:		Mailing Address:
6 4100 Km. Inland As	vonue.	6408	Key Island Avenue
6408 Key Island Ay	venue		
Apollo Beach, FL 3  RTICLE III - Registered the Limited Liability Comp	Agent, Registered Office, &	Apol Registered Ager egistered Agent. '	lo Beach, FL 33572  nt's Signature: You must designate an individual or
Apollo Beach, FL 3  RTICLE III - Registered The Limited Liability Compother business entity with	Agent, Registered Office, & any cannot serve as its own R	Registered Ager egistered Agent. '	nt's Signature:
Apollo Beach, FL 3  RTICLE III - Registered The Limited Liability Compother business entity with	Agent, Registered Office, & sany cannot serve as its own R an active Florida registration.  Laura Lyonnais	Registered Ager egistered Agent. '	nt's Signature:
Apollo Beach, FL 3  RTICLE III - Registered The Limited Liability Compother business entity with	Agent, Registered Office, & sany cannot serve as its own R an active Florida registration.  Laura Lyonnais	Registered Ager egistered Agent. '	nt's Signature:
Apollo Beach, FL 3  RTICLE III - Registered The Limited Liability Compother business entity with	Agent, Registered Office, & sany cannot serve as its own R an active Florida registration.  Laura Lyonnais	Registered Ager egistered Agent. '	nt's Signature:
Apollo Beach, FL 3  RTICLE III - Registered The Limited Liability Compother business entity with	Agent, Registered Office, & sany cannot serve as its own R an active Florida registration.  eet address of the registered a Laura Lyonnais	Registered Ager egistered Agent. ' ) gent are:	nt's Signature: You must designate an individual or
Apollo Beach, FL 3  RTICLE III - Registered The Limited Liability Componenther business entity with	Agent, Registered Office, & sany cannot serve as its own R an active Florida registration.  eet address of the registered a  Laura Lyonnais  6408 Key Island Avenue	Registered Ager egistered Agent. ' ) gent are:	nt's Signature: You must designate an individual or

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..

Laura H. Lyonnais
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2121 JUL 15 PH 1: 53

### ARTICLE IV-

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

se attachment if necessary)  V: Effective date, if other than the date of filing:	Title:	.1 . 156 1	Name and Address:	
se attachment if necessary)  V: Effective date, if other than the date of filing:  (OPTIONAL)  (OPTION				
se attachment if necessary)  V: Effective date, if other than the date of filing:  (OPTIONAL)  ive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  e date inserted in this block does not meet the applicable statutory filing requirements, this date will not nt's effective date on the Department of State's records.  VI: Other provisions, if any.  EQUIRED SIGNATURE:    Laura H. Lyonnais   Signature of a member of a nember of a newber of a new average 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.    Laura Lyonnais   Typed or printed name of signee   Filing Fees;   Signature of Organization and Designation of Registered Agent   Signature of Organization and Designation of Organization   Signature	"MGR" = Man	ager		
se attachment if necessary)  V: Effective date, if other than the date of filing:	AMBR		Laura Lyonnais	
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