

L210000381816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

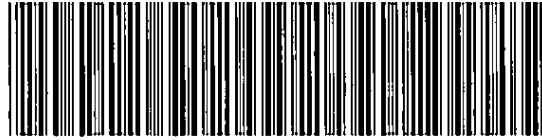
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FL

2021 AUG 26 AM 10:40

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08/26/21 --01007--004 **160.00

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2021 AUG 26 AM 10:37

RECEIVED

41 8/26/21

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Lebron Top Painting L L C
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:

Ivelisse Lebron
Name of Person

Firm/Company

2701 Southwest 13th St Apt L2
Address

Gainesville, FL 32608
City/State and Zip Code

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

For further information concerning this matter, please call:

Ivelisse Lebron 813 526-5720
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|--|

Mailing Address
New Filing Section
Division of Corporations

Street Address
New Filing Section Division
The Centre of Tallahassee

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 AUG 26 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lebron Top Painting LLC

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

ARTICLE II - Address:

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

Principal Office Address:

2701 Southwest 13th St Apt L2
Gainesville, FL 32608

Mailing Address:

2701 Southwest 13th St Apt L2
Gainesville, FL 32608

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:

Ivelisse Lebron

Name

2701 SW 13th St Apt L2

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

Gainesville FL 32608

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 agent as provided for in Chapter 605, F.S..

Ivelisse Lebron

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

Name and Address:

MGR

Ivelisse Lebron

2701 SW 13th St Apt L2

Gainesville, FL 32608

AMBR

Ivelisse Lebron

2701 SW 13th St Apt L2

Gainesville, FL 32608

AMBR

Raul Lebron

2701 SW 13th St Apt L2

Gainesville, FL 32608

SECRETARY OF STATE
TALLAHASSEE, FL

2021 AUG 26 AM 10:40

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(Use attachment if necessary)

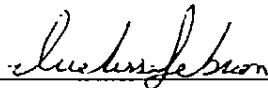
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Ivelisse Lebron

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)