

11/9/21, 3:18 PM

Division of Corporations

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Florida Department of State
Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
LC THRIVING MINDS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I- Name

The name of the Limited Liability Company is:

LC THRIVING MINDS, LLC

ARTICLE II- Address:

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

Principal Office Address

5245 TENNIS LANE
DELRAY BEACH FLORIDA 33484

Mailing Address

5245 TENNIS LANE
DELRAY BEACH, FLORIDA 33484

ARTICLES III-

Other provisions if any

ANY PURPOSE**ARTICLES IV- Register Agent, Register Office & Register Agent's Signature:)**

(The Liability Company cannot serve as its own Register 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:

**YESSIKA P. CORREIA VILLARREAL
5245 TENNIS LANE
DELRAY BEACH, FLORIDA 33484**

Having been named as register 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 register 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 register agent as provided for in Chapter 605 FS


Registered Agent's Signature (REQUIRED)

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ARTICLES V- Manager (s) or Managing Member (s) of each Manager or Managing Member is as follows:

Title:

**YESSIKA P. CORREIA VILLARREAL
5245 TENNIS LANE
DELRAY BEACH, FLORIDA 33484**

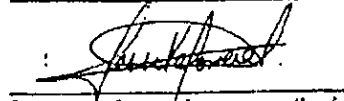
AMBR

**ANDREW E. LOPEZ SELLIER
5245 TENNIS LANE
DELRAY BEACH, FLORIDA 33484**

AMBR

ARTICLE VI: effective date, if other than the date filing 03/04/2021 (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 filing)

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 third degree felony as provide for in s. 817.155, F.S.

YESSIKA P CORREIA VILLARREAL