## 122000012896

## Florida Department of State

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.

(((H220000130743)))



HZ20000130743ABCT

	Doing so will generate another cover	AHA	SECRETAR
To:		SS	<u> </u>
	Division of Corporations		<u> </u>
	Fax Number : (850)617-6381	ن <b>لا.</b> نۍ و	. A.
From:		ESSIONALS CORP RIDA	وب أ
	Account Name : BUSINESS ACCOUNTING PROF	ESSIONALS CORP	$\sim$
	Account Number : 120190000020	₽mi	ြယ္ထ
	Phone : (786)953-7449		
	Fax Number : (786)953-7450		
••Enter an	the email address for this business entity nual report mailings. Enter only one email	to be used for future address please.**	
Eps.	ail Address:		

### FLORIDA LIMITED LIABILITY CO. LED LIGHTHOUSE LLC

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

2022 JAH 1 1 HM 8: 1

Electronic Filing Menu

Corporate Filing Menu

Help



# 2022 JAN 11 MH 9: 23 SECRETARY OF STATE TALLAHASSEE, FLORIDA

# Articles of Organization For Florida Limited Liability Company

The undersigned company, for the purpose of forming a Florida limited liability company, hereby adopts the following Articled of Organization:

#### Article I

The name of the limited liability company is:

LED LIGHTHOUSE LLC

Article II

The street address of the principal office of the Limited Liability Company is: 11725 SW 150 PL MIAMI, FL. 33196

The mailing address of the Limited Liability Company is: 11725 SW 150 PL MIAMI, FL. 33196

Article III

Other provisions, if any:

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

GABRIEL TORRES 11725 SW 150 PL MIAMI, FL. 33196

Having been named as a registered agent and to accept service of process of 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.

Registered Agent Signature:

### Article V

The name and address of person(s) authorized to manage the LLC:

Title: AMBR

**GABRIEL TORRES** 

11725 SW 150 PL MIAMI, FL. 33196

Signature:

Article VI

The effective date of this Limited Liability Company Shall be:

01/05/2022

Signature of member or an authorized representative:

Signature:

I am a member or authorized representative submitting these Articles of organization and affirm that the facts state herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provide for in S.817.155. F.S. I understand the requirement to file an annual report between January 1<sup>st</sup> and May 1<sup>st</sup> in the calendar year following the formation of the LLC and every year thereafter to maintain "active" status.