

1/22/22, 12:32 PM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : VALDES ACCOUNTING AND TAXES, INC.  
Account Number : I20120000066  
Phone : (305)227-2727  
Fax Number : (305)397-2675

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

Email Address: valdesaccounting@gmail.com**FLORIDA LIMITED LIABILITY CO.****LLE Consultations LLC**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

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## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: LLE Consultations 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:

LUIS ARENCIBIA

Name of Person

LLE Consultations LLC

Firm/Company

8145 NW 7TH ST APT 501

Address

MIAMI FL 33126-8004

City/State and Zip Code

larencibia89@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS ARENCIBIA

786

564-3111

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

LLE Consultations 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:Mailing Address:8145 NW 7TH ST APT 5018145 NW 7TH ST APT 501MIAMI FL 33126-8004MIAMI FL 33126-8004

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

LUIS ARENCIBIAName8145 NW 7TH ST APT 501Florida street address (P.O. Box **NOT** acceptable)MIAMIFL33126-8004CityStateZip

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 ~~his~~ **his** 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~~ **Chapter** 605, F.S.

/s/ Luis ArencibiaRegistered Agent's Signature **(REQUIRED)**

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**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:**AMBRLUIS ARENCIBIA8145 NW 7TH ST APT 501MIAMI FL 33126-8004

(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:**1/1 Luis Arencibia

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.LUIS ARENCIBIA

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)

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