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\$622 JAN 20 PH ID: 22 SECRETARY

COVER LETTER

Division of Corporations
SUBJECT: Lescs Toide 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:
lesus Isidio
Name of Person
Firm/Company
(2) 2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
612 W REXSUITE 20 10+ 5
Plant Cixy 33567
Plant Cixy 33567 City/State and Zip Code Jesus Isidus 813 Q Clord Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tot further internation concerning and number, pieuse out.
Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
T\$ 125.00 Filing Fee
Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810Tallahassee, FL 32314Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	CI	\mathbf{F}	i - N	ใจทา	۵.

The name of the Limited Liability Company is:

Jesus 15: 210 LCC
(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:
612 W ROSSITIE RD 10+5	612 welsvine RD lot
Plant eity	plant city

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:

Name

69 W UCHSVING QD tot S

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

21271 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2022 JAN 20 PMT

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Lesus Isidio
(Use attachment if necessary)	
	ling: (OPTIONAL)
an effective date is listed, the date must be speci	the applicable statutory filing requirements, this date will not be lis
TICLE 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.

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)

2022 JAN 20 PH 10: 27