

2/9/22, 5:11 PM

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : PEREZ ARCHE AN ACCOUNTING & TAX SERVICES INC
Account Number : I20070000033
Phone : (305)649-7040
Fax Number : (305)643-3237

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

Email Address: Araicaisabel@gmail.com

**FLORIDA LIMITED LIABILITY CO.
LUXE DREAM SLEEP PRODUCT LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

S. CHATHAM

FEB 11 2022

FILED**COVER LETTER****22 FEB 10 AM 1:06**TO: New Filing Section
Division of Corporations**SECRETARY OF STATE
TALLAHASSEE, FLORIDA****LUXE DREAM SLEEP PRODUCT LLC**SUBJECT: _____
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:

ANA ISABEL ARAICA

Name of Person

PEREZ ARCHE AND ACCOUNTING AND TAX SERVICES INC

Firm/Company

4011 W FLAGLER ST STE 501

Address

CORAL GABLES, FL 33134

City/State and Zip Code

ARAICAISABEL@GMAIL.COM

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

For further information concerning this matter, please call:

MARCOS ALTAMIRANO at (305) 649-7040

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

FILED**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

22 FEB 10 AM 1:04

ARTICLE I - Name:

The name of the Limited Liability Company is:

LUXE DREAM SLEEP PRODUCT LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE II - Address:**

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

Principal Office Address:3825 NW 135th STOPALOCKA, FL 33054**Mailing Address:**4011 W FLAGLER ST STE 501CORAL GABLES, FL 33134**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:

ANA ISABEL ARAICA

Name


4011 W FLAGLER ST STE 501Florida street address (P.O. Box **NOT** acceptable)CORAL GABLESFL33134

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)

FILED

22 FEB 10 AM 1:04

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**Title:****Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBRMARCOS ALTAMIRANO
3825 NW 135th ST
OPALOCKA, FL 33054AMBRJEAQUELLYN ALTAMIRANO
3825 NW 135th ST
OPALOCKA, FL 33054AMBREVELLYN ALTAMIRANO
3825 NW 135th ST
OPALOCKA, FL 33054

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: FEBRUARY/09/2022 (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.PLEASE ADD EIN NUMBER 88-0599482**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.ANA ISABEL ARAICA

Typed or printed name of signer

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)