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## COVER LETTER

SUBJECT: LPZ CARGO, 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:
ERIC URENA DE LA ROSA Name of Person
LPZ CAZO LCC. Firm/Company
4036 KIVEY Dr. Address
Lake worth FL 33461
City/State and Zip Code  Oll 4 Carrier Q Gmail. Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
FRIC UREWA DIL ROSA 56/ 440 - 1252  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$\Begin{array}{c} \Delta \text{\$160.00 Filing Fee} & \Delta \text{\$160.00 Filing Fee} & \Delta \text{\$Certificate of Status} & \Delta \text{\$Certified Copy} & \Delta

Mailing Address

**New Filing Section** 

Division of Corporations

TO:

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

(additional copy is enclosed)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

2022 FEB 17 4H 10: 15:

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

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
4036 KIVCY Dr	POBOX 2/1656
12Ke (20 rsh PL 334)	- ROYAL PAIN IL 33421
III. Davietared Agent Projectored Office & Registered	Agent's Signature

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 stree	address of the regist	ered agent are:	-	/_	DOSA
	1100	Name (	) -		12037-
	Florida street ad	dress (P.O. Box <b>XOT</b> ac	cceptable)		
	Lake	worth_	FC	<u>3</u> 34	161

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..

ERIC URENE DE L. ROSA
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Membe "MGR" = Manager	ERIC URENA DE La POSA 4036 KIVEY Dr LAKE WORTH FC 33461
	SECRETARY OF STATE OF
If an effective date is listed, the date m	n the date of filing:
ARTICLE VI: Other provisions, if any.	
This documen I am aware tha	re of a member or an authorized representative of a member. t is executed in accordance with section 605.0203 (1) (b), Florida Statutes. t any false information submitted in a document to the Department of State

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)