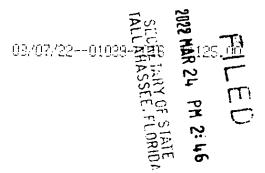
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## **COVER LETTER**

**TO:** Registration Section Division of Corporations

## SUBJECT:

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name:

Company Name: SAONA, LAU, PENG LLC

Address: 10,000 PALMA LINDA WAY

APT 317, BUILDING 2

City, State, Zip Code: ORLANDO, FL 32836

Email Address: vlakaneo@gmail.com

For further information concerning this matter, please call:

Name: VICTOR LAU

Telephone No: 516-581-1018

A check for the following amount: \$125.00 IS ENCLOSED

Mailing Address: Registration Section

Division of Corporations

PO Box 6327

Tallahassee, FL 32301



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME: SAONA, LAU, PENG LLC

ARTICLE II- ADDRESS: 10,000 PALMA LINDA WAY

APT 317, BUILDING 2 ORLANDO, FL 32836

**ARTICLE III** - Registered Agent, Registered Office & Registered Agent's Signature:

Name: VICTOR LAU

Address: 10,000 PALMA LINDA WAY

APT 317, BUILDING 2 ORLANDO, FL 32836

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 each agree to act in this capacity. I further agree to comply with the provisions of all statutes relating 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 608 F.S.

Signature:

**ARTICLE IV** - Manager(s)MGR or Managing Member(s)MGRM:

Title:

Name & Address:

MGR

BELLA SAONA

10,000 PALMA LINDA WAY

APT 317, BUILDING 2 ORLANDO, FL 32836

VICTOR LAU

10,000 PALMA LINDA WAY APT 317, BUILDING 2

ORLANDO, FL 32836

H O PENG

201 E CHESTER STREET

VALLEY STREAM, NY 11580

**ARTICLE V**: Effective Date, if other than the date of filing: MARCH 1, 2022

REQUIRED SIGNATURE:

In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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: BELLA SAONA

Filing Fees:

\$125.00 Filing Fee

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TALLAHASSEE. FLORIDA