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T. SCOTT MAY - 4 2022



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05/04/22--01018--014 **180.00



COVER LETTER

Division of Corporations
SUBJECT: Lima Home Design, LL 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:
Rene Lima Name of Person
Lima Home Design, LLC Firm/Company
2175 W 52 St. APT 214 Address
Hial-ean, Fl 33016 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee U\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(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:
2175 W 50 St APT 214	_2175 W 5284
HIGHOD, F1 33016	PP1 214
	H141em 1 = 33010
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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:

Perfection 9

Name

2175 W 52 St. Apt 214

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

HIGHERY F 330 P

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)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	48SPNIG GODINEZ 2175 W 52 ST. APT 214 Higher FI 33016
MOR	46Senia Godinez 2175 W 52 ST APT 217 Highean, El 32010
(Use attachment if necessary)	
If an effective date is listed, the date must be s he date of filing.)	tte of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after t meet the applicable statutory filing requirements, this date will not be listed as nt of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is exec I am aware thar any fal	nember or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. dise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
<u> </u>	Typed or printed name of signee

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

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)