

122080248320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

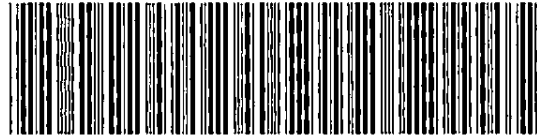
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

122080235269

Office Use Only



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03/15/22--01027--003 **125.00

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2022 MAR 15 PM 2:31

ALLAHASSEE, FLORIDA

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2022 JUN -6 PM 6:27

ALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 17, 2022

CORPORATE ACCESS

corrected

SUBJECT: WAFIK ZOUMHAN LLC
Ref. Number: W22000035269

We have received your document for WAFIK ZOUMHAN LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L21000156552 - WAFIK ZOUMHAN LLC.

Please return your document, along with a copy of this letter, within 60 days, or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon
Regulatory Specialist II Supervisor

Letter Number: 522A00006407

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 3/15 DANNY

CERTIFIED COPY

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LLC

1. **WAFIK ZOUMBAN LLC**
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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2022 JUN -6 PM 6:28
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: LACHQAR 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:

MOHCINE EL YAQOUTI
Name of Person

LACHQAR LLC
Firm/Company

7232 W SAND LAKE RD STE 205
Address

ORLANDO FL 32819
City/State and Zip Code

moulayhamidlachqar@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MOHCINE EL YAQOUTI at (718) 306-3180
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2022 JUN - 6 PM 6:28
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LACHQAR LLC

(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:

7232 W SAND LAKE RD STE 205

ORLANDO, FL 32819

Mailing Address:

7232 W SAND LAKE RD STE 205

ORLANDO FL 32819

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:

MOHCINE EL YAQOUTI

Name

1750 Sunshadow Drive, Suite 110

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

Casselberry

FL

32707

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..

Mohcine El Yagouti

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2022 JUN -6 PM 6:28
DIVISION OF STATE
REGISTRATION
TALLAHASSEE, FL 32399

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MOHCINE EL YAQOUTI

7342 W KENMORE DR APT 3

NORFOLK VA 23505-4147

MGR

HAMID LACHQAK

1750 Sunshadow Drive, Suite 110

Casselberry FL 32707

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.

N/A

REQUIRED SIGNATURE:

Moheine El Yagouti

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.

MOHCINE EL YAQOUTI

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)

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2022 JUN -6 PM 6:28
CLERK OF COUNTY OF ST. LUCIA
TALLAHASSEE, FL 32309