

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000280504 3)))



H220002805043ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : RCA ACCOUNTING SERVICES CORP

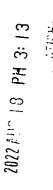
Account Number : I20180000102 Phone : (305)799-7633 Fax Number : (305)406-3999

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

Concil.	Address:			
EIBALL	AUULESS:			

FLORIDA LIMITED LIABILITY CO. **GRUPO LUCES 1203 LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00



Ä,

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RTI	ICL	E	I-	Na	me

The name of the Limited Liability Company is:

GRUPO LUCES 1203 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:	Mailing Address:
243 BENT OAK LOOP	SAMES AS PRINCIPAL
DAVENPORT, FL 33837	

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:

ARQUIMEDES JOS	E LUCES SOTO	
	Name	
651 CASTOR CIR		
Florida street addres	s (P.O. Box <u>NOT</u> ac	eceptable)
DAVENPORT	FL	33397
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..

10/ Orguinseles. Jose Juces 7
Registered Agent's Signature (REQUIRED)

(CONTINUED)

_	T	1
ſ		-
-	T	Ì
Ţ	_)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
<u>MGR</u>	ARQUIMEDES JOSE LUCES GIL 651 CASTOR CIR DAVENPORT. FL 33397
MGR	ARQUIMEDES JOSE LUCES SOTO 538 BEXLEY DR DAVENPORT, FL 33897
(Use attachment if necessary)	
TLE V: Effective date, if other than the deffective date is listed, the date must be e of filing.)	
T.E.V: Effective date, if other than the deffective date is listed, the date must be e of filing.) If the date inserted in this block does not cument's effective date on the Department.	specific and cannot be more than five business days prior to or 90 day of meet the applicable statutory filing requirements, this date will not be
TLE V: Effective date, if other than the defective date is listed, the date must be e of filing.) If the date inserted in this block does not	specific and cannot be more than five business days prior to or 90 day of meet the applicable statutory filing requirements, this date will not be
TLE V: Effective date, if other than the defective date is listed, the date must be e of filing.) If the date inserted in this block does not current's effective date on the Department of the	specific and cannot be more than five business days prior to or 90 day on meet the applicable statutory filing requirements, this date will not be ent of State's records.
TLE V: Effective date, if other than the deflective date is listed, the date must be e of filing.) If the date inserted in this block does not current's effective date on the Department of th	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. alse information submitted in a document to the Department of State gree telony as provided for in s.817.155, F.S.
TLE V: Effective date, if other than the deflective date is listed, the date must be e of filing.) If the date inserted in this block does not current's effective date on the Department of th	specific and cannot be more than five business days prior to or 90 day on meet the applicable statutory filing requirements, this date will not be ent of State's records. Application