

# L22000362029

Florida Department of State  
Division of Corporations  
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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.\*\*

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TALLAHASSEE, FLORIDA

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

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

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  
DAVENPORT, FL 33837

SAMES AS PRINCIPAL

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 JOSE LUCES SOTO  
Name

651 CASTOR CIR  
Florida street address (P.O. Box **NOT** acceptable)

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.*

101 Arquimedes Jose Luces Soto  
Registered Agent's Signature (REQUIRED)

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TALLAHASSEE, FLORIDA

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**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 \_\_\_\_\_

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)

**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.  
ANY AND ALL LAWFUL BUSINESS

**REQUIRED SIGNATURE:**

*Arquimedes Jose Luces Soto*

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.

ARQUIMEDES JOSE LUCES SOTO

Typed or printed name of signee

**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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