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(Request	or's Name)
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(Business	Entity Name)
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COVER LETTER

TO:	New Filing	Section
	Division of	Corporations

Lurpiazo, LLC.

SUBJECT: _

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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:

New Filing Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

	CL	AUDIA COBREIRO	
_		Name of Person	-
	CC	BREIRO LAW	
_		Firm/Company	-
		2100 Ponce de Leon Blvd. # 1220	
		Address	-
		Coral Gables, FL 33134	
_	clau	City/State and Zip Code lia@cobreirolaw.com	-
—	E-mail address: (t	be used for future annual report notification)	-
For further info	ormation concerning this mat	er, please call:	
	Claudia Cobreiro	at (305) 252-8342	
	Name of Person	Area Code Daytime Telephone Number	
Enclosed is a	check for the following amo	int:	
\$125.00 Filir	ng Fee S130.00 Filing Certificate of S		
	Mailing Address	Street Address	

New Filing Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

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CAPITAL CO 417 E. Virginia Street, Sui (850) 224-8870 • 1-800-	te I • Tullahassee	, Florida 32301		,
LURPIAZO, LLC			_	
			~	
			Art	t of Inc. File
				D Partnership File
				reign Corp. File
				C. File
				citious Name File
				nde/Service Mark
				erger File
				1. of Amend. File
				A Resignation
				ssolution / Withdrawal
				mual Report / Reinstatement
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				ertificate of Good Standing
				ertificate of Status
			Ce	ertificate of Fictitious Name
			Co	orp Record Search
			}	ficer Search
			Fig	citious Search
Simplifie			Fig	citious Owner Search
Signature			Ve	ehicle Search
			Dr	riving Record
Requested by: SETH	00/11/22		UC	CC 1 or 3 File
	09/14/22	<u></u>	UC	CC 11 Search
Name	Date	Time	U(CC 11 Retrieval
Walk-In	Will Pick Up		Co	ourier



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lurpiazo, 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:		
6001 SW 70th St #543	6001 SW 70th St #543		
South Miami, FL 33143	South Miami, FL 33143		

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

ARTICLE III - Registered Ager (The Limited Liability Company c another business entity with an ac	annot serve as its own	1 Registered Ageni.	nt's Signature: You must designate an individual or	22 SEP	SECRE
The name and the Florida street ac	ldress of the registere	d agent are:		5	
	Cobreiro Law			₽	
		Name		ہ ۔	STATE
	2100 Ponce de Leon	Blvd #1220		5	T C C C C C C C C C C C C C C C C C C C
	Florida street addres	ss (P.O. Box <u>NOT</u> a	cceptable)		ŝ
	Coral Gables	FL	33134		
	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.

Claudia Cobreiro

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

· · ·

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

AMBR" = Authorized Member MGR" = Manager		
1GR	FABIANA MARTA QUEIROLO	
	6001 SW 70th St #543	
	South Miami, FL 33143	
ACD	REAN CARE OF PZPOLIEL OF PROTO	22 SEP
1GR	JUAN CARLOS EZEQUIEL QUEIROLO 6001 SW 70th St #543	SEI
	South Miani, FL 33143	J
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		PH RP
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		SN CC
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: <u>9/15/2022</u>. (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.)

<u>Note:</u> 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.

REOUIRED SIGNATURE:

Ist Fabiana Marta Queirolo

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. 1 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.

Fabiana Marta Queirolo

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent