

10/20/2022 10:12:35 AM
 622000454398
 Division of Corporations

Florida Department of State
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To:

Division of Corporations
 Fax Number : (850)617-6381

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Account Name : HUBCO
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: JUAN2A300GMAIL.COM

FLORIDA LIMITED LIABILITY CO.
 LOMOR LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2022 OCT 21 PM 3:13

22 OCT 21 PM 12:35
 CALL ASSISTANT, LOMOR LLC

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OK

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

LOMOR LLC

(Must end with 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:**15150 SW 94th Terrace
Miami, FL 3319615150 SW 94th Terrace
Miami, FL 33196**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:

Juan Lopez Morales

Name

15150 SW 94th TerraceFlorida street address (P.O. Box **NOT** acceptable)MiamiFL 33196

City

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..

DocuSigned by:

Juan Lopez Morales8445624EA7E3441
Registered Agent's Signature (REQUIRED)

Juan Lopez Morales

(CONTINUED)

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DocuSign Envelope ID: E4FDDBA0-0F89-4785-BA8F-890CEE89884F

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Juan Lopez Morales

15150 SW 94th Terrace

Miami, FL 33196

AMBR

Rebecca Hernandez Lopez

15150 SW 94th Terrace

Miami, FL 33196

(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.)

ARTICLE VI: Other provisions, if any.**REQUIRED SIGNATURE:**

DocuSigned by:

Juan Lopez Morales

9445874EA7E3441...

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Juan Lopez Morales

Typed or printed name of signer

22 OCT 21 PM 12:35
STATE OF FLORIDA
DEPARTMENT OF STATE