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Electronic Filing Cover Sheet

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.

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	Division of Co	rporations			
	Fax Number	: (850)617-6381			
From:					
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	Account Number	: 120000000019	interpretation		
	Phone	: (305)552-5973			
	Fax Number	: (305)675-5944			
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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADMICANT	
ARTICLE I - Name: The name of the Line:	
The name of the Limited Liability Company is:	
Luckystoneus. LLC	
ARTICLE II - Address:	
Company is:	
The mailing address and street address of the principal office of the Limited Liability Company is:	
1156 Coral Club, Coral Springs FL 33071	
57.614(Springs FL 33071	F. 6
	- نان
ARTICLE III - Registered Agent, Registered Office:	<u> </u>
The name and the Florida street address of the registered agent are: (The Limitea Liability with an active Florida registration)	\.Y /FT
and another consultation and another consultat	(<u></u>
Williams Remaldo Garcia canon	
canon canon	
1156 Coral Club Dr, Coral Springs FL 33071	
prings 12 33071	<u>. </u>
RTICLE IV	
he name and title of each person authorized to manage and control the Limited	
Williams Reinaldo Garcia Canon AMBR	
Commence Charcia canon AMBIR	
Samuel Lamero Sanchel AMBR	
THE TOTAL	

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Required Signatures:



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.

Typed or printed name of signee

Having been named as registered agent and to accept service of process for the above stated. I 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..

WRGC

Registered Agent's Signature (REQUIRED)