

## Florida Department of State

Division of Corporations 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.

(((H220004018613)))



H220004018613ABCY

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 : BUSINESS ACCOUNTING PROFESSIONALS CORP

Account Number : 120190000020 Phone : (786)953-7449 Fax Number : (786)953-7450

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

Email Address:\_\_\_\_\_

. •	FLORIDA LIMITED LIABILITY CO. LA MAYTE LLC	
	Certificate of Status	0
1	Certified Copy	0
	Page Count	01
	Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

# Articles of Organization For Florida Limited Liability Company

The undersigned company, for the purpose of forming a Florida limited liability company, hereby adopts the following Articles of Organization:

#### Article I

The name of the limited liability company is: LA MAYTE LLC

Article II

The street address of the principal office of the Limited Liability Company is: 4171 NE RIGELS COVE WAY JENSEN BEACH, FL. 34957

The mailing address of the Limited Liability Company is: 4171 NE RIGELS COVE WAY JENSEN BEACH, FL. 34957

Article III

Other provisions, if any:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
MAYTE DE LA CONCEPCION
4171 NE RIGELS COVE WAY

JENSEN BEACH, FL. 34957

Having been named as a registered agent and to accept service of process of 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.

Registered Agent Signature: Much le la (magine

22 HOV 29 PH 12: 35

### Article V

The name and address of person(s) authorized to manage the LLC:

Title: AMBR
MAYTE DE LA CONCEPCION
4171 NE RIGELS COVE WAY
JENSEN BEACH, FL. 34957

Signature: Mayle In la Curuyome

#### Article VI

The effective date of this Limited Liability Company Shall be:

11/28/2022

Signature of member or an authorized representative:

Signature: Mah de la (mapian

I am a member or authorized representative submitting these Articles of organization and affirm that the facts state herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree follows as provide for in 8.817.155. F.S. I understand the requirement to file an annual report between January 12 and May 12 in the calendar year following the formation of the LLC and every years thereafter to maintain "active" status.