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Florida Department of State
Division of Corporations
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((H22000415802 3))



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To:
Division of Corporations
Fax Number : (850)517-6381

From:
Account Name : CESPEDES CPA, INC
Account Number : 120220000109
Phone : (786)452-4615
Fax Number : (844)773-3487

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

Email Address: manoloian2004@yahoo.com

2022 DEC 12 AM 8:08

**FLORIDA LIMITED LIABILITY CO.
LUCY TAILORING & DRY CLEANER LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2022 DEC 12 AM 8:08

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LUCY TAILORING & DRY CLEANER 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:

9512 SW 151ST AVE
MIAMI FL 33196

Mailing Address:

9512 SW 151ST AVE
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:

LUIS O SANCHEZ

Name

9512 SW 151ST AVE

Florida street address (P.O. Box NOT acceptable)

MIAMI

FL

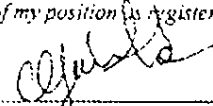
33196

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.

x 

Registered Agent's Signature (REQUIRED)

(CONTINUED)

((H22000415802 3))

9512 SW 151ST AVE
MIAMI FL 33196

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ARTICLE IV-

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

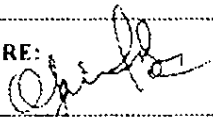
<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	LUIS O SANCHEZ
	9512 SW 151ST AVE
	MIAMI FL 33196
AMBR	YAMILE DEL MORAL
	3250 SW 105TH AVE
	MIAMI FL 33165

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/01/2023 (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.

REQUIRED SIGNATURE:
x 

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.

LUIS O SANCHEZ
Typed or printed name of signee

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