

L23000103562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

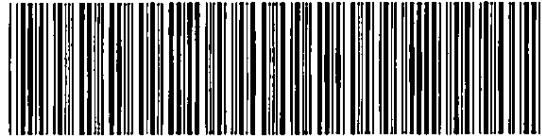
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800403169058

RECEIVED

2023 MAR -6 PM 3:42

ALLAH/SSC, LLC

FILED

2023 MAR -6 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

* FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from acct:

AMOUNT: \$125.00

AUTHORIZATION: _____

Leni Services LLC _____

Business Name

for full *F20210000160*

Document #

____ **Certified Copy**
____ **Certificate of Status**

NEW FILINGS

____ Profit Corp
____ Not for Profit
__X Limited Liability
____ Domestication
____ Other
____ **CORP**
____ **LLLP**

OTHER FILINGS

____ Annual Report
____ Fictitious Name
____ APOSTILLE

Country

AMMENDMENTS

____ Amendment
____ Resignation
____ Change of Registered Agent
____ Revocation of Dissolution
____ Merger
____ **Conversion**
____ **Amended and restated Articles**
____ **Statement of Authority**

REGISTRATION/QUALIFICATIONS

____ Foreign filing
____ Limited Partnership
____ Reinstatement
____ Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: New Filing Section
Division of Corporations
LENI SERVICES LLC**

SUBJECT: _____
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:

CRISTIAN D NECHUTA

Name of Person

TAXFIVE LLC

Firm/Company

4319 DOGWOOD CIR

Address

WESTON, FL 33331

City/State and Zip Code

INFO@TAXFIVE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CRISTIAN NECHUTA 800 944-7117

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LENI SERVICES 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:

43 SW 15TH ST

DANIA BEACH, FL 33004

Mailing Address:

304 INDIAN TRCE STE 626

WESTON, FL 33326

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:

TAXFIVE LLC

Name

4319 DOGWOOD CIR

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

WESTON

FL

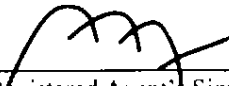
33331

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.,



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2023 MAR -6 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

BENEFITE, LEANDRO NICOLAS
43 SW 15TH ST, DANIA BEACH, FL 33004

(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.)

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:



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.

CRISTIAN NECHUTA - AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)