

# L23000105363

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.

((H23000086892 3)))



H230000868923ABC5

**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 : CORPOLICENSE, INC  
Account Number : I20050000118  
Phone : (305)774-9606  
Fax Number : (305)774-9660

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

Email Address: Rnam. villaola @ gmail. com

FLORIDA LIMITED LIABILITY CO.  
L & V UNIVERSAL INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

2023 MAR -7 AM 2:26  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

FILED

AS

H230000 86892

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY  
OF  
L & V UNIVERSAL INVESTMENTS, LLC**

**ARTICLE I - NAME:**

The name of the Limited Liability Company is:

**L & V UNIVERSAL INVESTMENTS, LLC**

**ARTICLE II - ADDRESS:**

The mailing and principal address of the Limited Liability Company is:

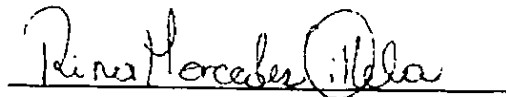
**PRINCIPAL ADDRESS: 11430 SW 51<sup>st</sup> Street  
Miami, FL 33165**

FILED  
MAR-7 PM 2:21  
TALLAHASSEE, FL

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The Registered Agent designated is: **RINA MERCEDES VILLELA**

**11430 SW 51<sup>st</sup> Street  
Miami, FL 33165**



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.

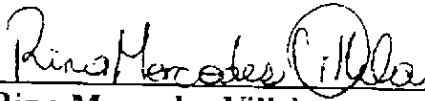
H230000 86892

H230000 86892

**ARTICLE IV - Management/Member(s):**

The name and address of each Manager or Managing Member is as follows:

<b><u>TITLE:</u></b>	<b><u>NAME AND ADDRESS</u></b>
<b>MGR</b>	<b>RINA MERCEDES VILLELA</b> 11430 SW 51 <sup>st</sup> Street Miami, FL 33165

  
**Rina Mercedes Villela**  
**Manager**

FILED  
2023 MAR -7 AM 2:21  
TALLAHASSEE, FL

03/07/2023

(In accordance with section 605.0201, Florida Statutes,  
The execution of this document constitutes an affirmation under  
The penalties of perjury that the facts stated herein are true)

H230000 86892