

3/29/23, 10:27 AM

Division of Corporations

Florida Department of State
Division of Corporations
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To: Division of Corporations
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Email Address: LEOSMELG101@GMAIL.COM

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OFFICE OF STATE
TALLAHASSEE, FL

FLORIDA LIMITED LIABILITY CO.
L&MD.GLEZ LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

21:21:12

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

L&MD.GLEZ LLC

(Must end with 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:

Mailing Address:

25452 W 122ND COURT
PRINCETON, FL 33032

25452 W 122ND COURT
PRINCETON, FL 33032

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:

LEOSMEL GONZALEZ
Name
25452 W 122ND COURT
Florida street address (P.O. Box **NOT** acceptable)
PRINCETON FL 33032
City Zip

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TALLAHASSEE, FL
CLERK OF STATE

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..

DocuSigned by:


ACF83EDC365D4ED
Registered Agent's Signature (REQUIRED)
LEOSMEL GONZALEZ

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

LEOSMEL GONZALEZ

25452 W 122ND COURT

PRINCETON, FL 33032

(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.)

ARTICLE VI: Other provisions, if any.

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2023 MAR 29 AM 11:49
DEPARTMENT OF STATE
TALLAHASSEE, FL

REQUIRED SIGNATURE:

Digitally signed by _____
ACF8A5EDC8B5D4ED

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.)

LEOSMEL GONZALEZ

Typed or printed name of signee