

L23000217948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2023 MAY -3 PM 12:06  
ALLAHASSEE, FL 090  
2023 MAY -3 PM 12:15

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Lux Clozet LLC  
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:

Mylesha Mitchell  
Name of Person

\_\_\_\_\_  
Firm/Company

5138 Ben Bostic Rd  
Address

Quincy Fl, 32351  
City/State and Zip Code

Mylesha-Mitchell@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mylesha Mitchell at ( 850 ) 756-9187  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lux Clozet 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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>5138 Ben Bostic Rd</u>	<u>5138 Ben Bostic Rd</u>
<u>Quincy FL 32351</u>	<u>Quincy FL 32351</u>

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:

Melissa Mitchell  
Name  
5138 Ben Bostic Rd  
Florida street address (P.O. Box **NOT** acceptable)  
Quincy FL 32351  
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.

Melissa Mitchell  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 MAR -3 PM 12:15  
E.D.

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

AMBR

AMBR

**Name and Address:**

Mfeshia Mitchell  
5138 Ben Bestie Rd  
Quincy FL, 32351

Quincey White  
5138 Ben Bestie Rd  
Quincy FL, 32351

Maryon Jordan  
5138 Ben Bestie Rd  
Quincy FL, 32351

Marilyn Reed  
5138 Ben Bestie Rd  
Quincy FL, 32351

(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:**

Mfeshia Mitchell  
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.

Mfeshia Mitchell  
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)

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-D

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:

Italy White

5130 Ben Bask Rd  
Quincy FL 32351

(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.

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**REQUIRED SIGNATURE:**

\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

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\_\_\_\_\_  
Typed or printed name of signee

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\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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STATE  
OF FLORIDA

ED