

May. 3. 2023 - 2:57PM

No. 0725 P. 1

4/18/23, 8:24 PM

Pg. 1 of 4

L23000220747

Division of Corporations

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

Email Address: michelgonzalez192@gmail.com

FLORIDA LIMITED LIABILITY CO.
MICHEL LG LLC

Certificate of Status	0
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Pg. 2 of 4 H230 001 454 893

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MICHEL LG 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:MICHEL GONZALEZ318 VERMONT WAYLEHIGH ACRES, FL 33936**Mailing Address:**MICHEL GONZALEZ318 VERMONT WAYLEHIGH ACRES, FL 33936**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:

MICHEL GONZALEZ

Name

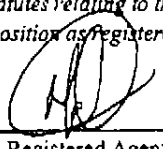
318 VERMONT WAYFlorida street address (P.O. Box **NOT** acceptable)LEHIGH ACRESFL33936

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)

Pg. 3 of 4 H 230 001 441 893

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:

MGR

MICHEL GONZALEZ
318 VERMONT WAY
LEHIGH ACRES, FL 33936

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

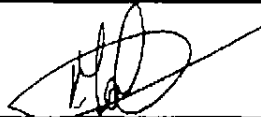
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

THE PURPOSE OF THE LIMITED LIABILITY COMPANY IS TO ENGAGE IN ANY LAWFUL ACTIVITY
FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED IN THIS STATE.

REQUIRED SIGNATURE:



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

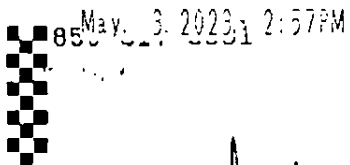
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.

MICHEL GONZALEZ

Typed or printed name of signer

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)



May 3, 2023 2:57PM

4/20/2023 12:05:43 PM PAGE 1/001

No. 0725 rve. 4

Pg. 4 of 4 A 230 001 454 893



April 20, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ATESIANO TAX SERVICES

SUBJECT: MICHEL GL LLC
REF: W23000057799

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

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Crystal S Hightower
Regulatory Specialist II
CoT

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