

May 10, 2023 3:50PM
5/10/23, 3:52 PM

Division of Corporations

No. 0761 P. 1

L2300023144

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ATESIANO TAX SERVICES
Account Number : I20190000123
Phone : (305)928-1137
Fax Number : (786)349-4952

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Email Address:

Joselyn 71877@gmail.com

2023 MAY 10 PM 11:40

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STATE
TALLAHASSEE, FL

FLORIDA LIMITED LIABILITY CO. LIONESS FAITH LLC

Certificate of Status	0
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Estimated Charge	\$125.00

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RS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LIONESS FAITH 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:Mailing Address:4630 SW KEATSSamePORT SAINT LUCIE, FL 34953

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:

JOSELYN CHAPARRO

Name

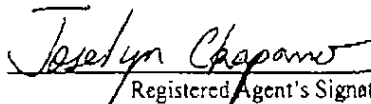
4630 SW KEATSFlorida street address (P.O. Box **NOT** acceptable)PORT SAINT LUCIEFL34953

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)

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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

Name and Address:

MGR

JOSELYN CHAPARRO

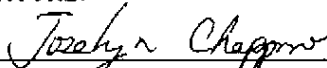
4630 SW KEATS

PORT SAINT LUCIE, FL 34953

(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.

JOSELYN CHAPARRO

Typed or printed name of signee

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL