

L23000246047

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(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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(Business Entity Name)

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23 MAY 18 PM 9:34

SECURITY
FALL ARREST



2023 MAY 18 AM 11:49

18

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: FLEX LIS LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSEPHINE WU

Name of Person

Firm/Company

6143 186TH ST.

Address

FRESH MEADOWS, NY 11365

City/State and Zip Code

JWUJWU2004@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Josephine Wu 718 213-6274

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLEX LIS 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:

3400 GALT OCEAN DR
UNIT 1206S
FORT LAUDERDALE, FL 33308

3400 GALT OCEAN DR
UNIT 1206S
FORT LAUDERDALE, FL 33308

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:

JOSEPHINE WU
Name

3400 GALT OCEAN DR, UNIT 1206S
Florida street address (P.O. Box **NOT** acceptable)

FORT LAUDERDALE FL 33308
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)

SECRETARY OF STATE
ALLAHAMSI P. JALALAHAMSI
23 MAY 19 PM 9:23
FILED

FILED

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:

<u>MGR</u>	<u>JOSEPHINE WU</u>
_____	<u>3400 GALT OCEAN DR, 1206S</u>
_____	<u>FORT LAUDERDALE, FL 33308</u>
_____	_____
_____	_____
_____	_____
_____	_____

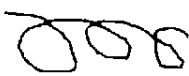
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 5/15/23 (OPTIONAL) **FILED** **23 MAY 11 PM 9:35**
(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:



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.

JOSEPHINE WU

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)