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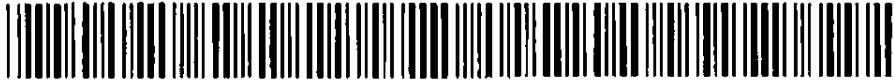
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Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H23000173205 3)))



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To:

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

From:

Account Name : ATESIANO TAX SERVICES
Account Number : 120190000123
Phone : (305)928-1137
Fax Number : (786)349-4952

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: adtiempovera@a-hotmail.com

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2023 MAY 18 PM 2:33

REGISTRATION
COMMERCIAL
SERVICES

FLORIDA LIMITED LIABILITY CO.
LEMAR PROPERTY LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FL

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

H 230001732053 -
Ref W23000067727Lermart Properties 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:1288 Court Street1288 Court StreetClearWater, FL 33758ClearWater, FL 33758

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:

Adriana Martinez

Name

1525 Highland Park DrFlorida street address (P.O. Box **NOT** acceptable)ClearwaterFL33758

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.

Adriana Martinez

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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H 230001732053

Ref: W23000067727

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

Adriana Martinez
1626 Highland Park Dr
Clearwater FL 33764

AMBR

Luis Martin Leon
1525 Highland Park Dr
Clearwater FL 33756

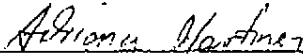
(Use attachment if necessary)

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.

Adriana Martinez

Typed or printed name of signee

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TALLAHASSEE, FL

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