## C230007M333

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PICK-UP WAIT MAIL
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SEGRETARY OF STATE CALLAHASSEE, FLORIDA

## COVERLETTER

TO;	New Filing Se Division of Co							
		LORENC	O HOLDING C	REENS, LLC				
SUBJI	(CT:	Name c	of Limited Liabil	ity Company				
The en	closed Articles o	(Organization and fee	s) are submitted	for filing.				
Please	return all corresp	nondence concerning th	is matter to the	following				
			SIMON	DIEZ				
			Name of	Person				
		1.01	RENCO HOLDI	NG GREENS, LLC				
	<del></del>		Firm/Co	impany				
			3320 NW 2	B3RD CT				
			Add	ress				
			DORAL, FLO	(RIDA, 33122				
			City/State o	nd Zip Code				
	<del></del>			•ҮАНОО СОМ				
		E-mail address: (to be	used for future	annual report notificati	ion)	در مة		
For furt	her information (	concerning this matter,	please call:			E CR		*;
	St	MON DIEZ	561	512,2506		77.65 77.65 78.65 78.65	-	; ~~ p~,
	Na	ane of Person		Daytime Telephon	e Number		: ::2:	
Enclo	sed is a check for	r the following amount				FLCR	<u>:</u>	C
∏S1:	25.00 Filing Fee	■\$130.00 Filing Certificate of Stat	us Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	☐\$160,00 I Certificate Certified Ce (additional co	of Status & - opy	58 di	
	New Divi	ling Address Filing Section sion of Corporations Box 6327		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Str	assee let, Suite 810			

Tallabassee, FL 32303

Tallahassee, FL 32314

## $ARTICLES \, OF \, OR \, GANIZATION FOR FLORIDA LIMITED \, LIABILITY \, COMPANV$

	LORENCO HO	OLDING GREENS, LL		
(Must contain		iability Company, "L.L		
ARTICLE II - Address: The mailing address and street addre	ess of the principal of	ffice of the Limited Liab	offity Company is:	
<u>Principal (</u>	Office Address:		Mailing Addres	<u>v</u> :
3320 NW 83RD CT DORAL, FLORIDA, 33	122		S3RD CT FLORIDA, 33122	
ARTICLE III - Registered Agent, (The Limited Liability Company car another business entity with an acti	nnot serve as #3 own	Registered Agent, Your	Signature: most designate an indiv	ridual or
The name and the Florida street add	liess of the registered	agent are:		
_	SIN	AON DIEZ		
		Name		
	332	0 8W 83RD CT		
		s (P.O. Box <u>NOT</u> accep	table)	
-		FLORIDA	33122	
_	DORAL	1 1.071011,271		
-	DORAL City	State	Zip	

(CONTINUED)

## ARTICLE IV-

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

"AMBR" = Authorized Member	
"MGR" – Manager	
MGR	SIMON DIEZ
815 118	3320 NW 83RD CT
	DORAL, FLORIDA, 33122
	[27,00,00], (1,00,00)
MGR	LORENA RAUSSEO
	3320 NW 83RD CT
	DORAL, FLORIDA, 33122
(Use attachment if necessary)  T.E.V: Effective date, if other than the office date is listed, the date must	he date of filing:
T.E.V: Effective date, if other than the effective date is listed, the date must e of filing.)	t be specific and cannot be more than five business days prior to or 90 days as not meet the applicable statutory filing requirements, this date will not be li-
T.E.V: Effective date, if other than the effective date is listed, the date must e of filing.) If the date inserted in this block document's effective date on the Depar	t be specific and cannot be more than five business days prior to or 90 days as not meet the applicable statutory filing requirements, this date will not be li-
T.E.V: Effective date, if other than the effective date is listed, the date must e of filing.) If the date inserted in this block document's effective date on the Department's Other provisions, if any,	t be specific and cannot be more than five business days prior to or 90 days as not meet the applicable statutory filing requirements, this date will not be li-
T.E.V: Effective date, if other than the ffective date is listed, the date must e of filing.)  If the date inserted in this block does unment's effective date on the Department's effective date on the Department's Other provisions, if any.  REOURED SIGNATURE:  Signature of This document is Lam aware that an	t be specific and cannot be more than five business days prior to or 90 days as not meet the applicable statutory filing requirements, this date will not be li-
T.E. V: Effective date, if other than the ffective date is listed, the date must be of filing.)  If the date inserted in this block does nament's effective date on the Department's effective date on the Department's Other provisions, if any.  REOURED SIGNATURE:  Signature of This document is Lam aware that an	is not meet the applicable statutory filing requirements, this date will not be littinent of State's records.  The amember of an authorized representative of a member, executed in accordance with section 605,0203 (1) (b). Florida Statutes, my false information submitted in a document to the Department of State it degree felony as provided for in \$817,155, F.S.
T.E. V: Effective date, if other than the ffective date is listed, the date must be of filing.)  If the date inserted in this block does nament's effective date on the Department's effective date on the Department's Other provisions, if any.  REOURED SIGNATURE:  Signature of This document is Lam aware that an	the specific and cannot be more than five business days prior to or 90 days are not meet the applicable statutory filing requirements, this date will not be littinent of State's records.  The first of a member or an authorized representative of a member.  The executed in accordance with section (05,0203 (1) (b). Florida Statutes, my false information submitted in a document to the Department of State.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30,00 Certified Copy (Optional)

8 5.00 Certificate of Status (Optional)