L23000268368

(Requestor's Name)
(Address)
,
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Littly Warre)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





900409738529

1823 JUN -5 PM I:

FH 3: 16

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 06/05/23

NAME: LIDIA MAGDALENA LLC

TYPE OF FILING: ARTICLES

COST:

155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

		COV	ER LETTER	
	w Filing Sec vision of Co			
eum meen	Lidia Mag	dalena LLC		
SUBJECT	·	Name of Lim	ited Liability Company	
The enclose	ed Articles of	Organization and fee(s) are	submitted for filing.	
Please retur	n all correspo	ondence concerning this mat	ter to the following:	
			Name of Person	
	Florida Filin	g & Search Services, Inc.		
			Firm/Company	
	155 Office P	łaza Drive, Suire A		
			Address	
	Tallahasee, f	FL 32301		
		Cir	ty/State and Zip Code	<u> </u>
1		glia@hotmail.com		
	1	E-mail address: (to be used f	for future annual report notificati	ion)
for further in	formation co	ncerning this matter, please	call:	
	Nocolas Rod		2 662-3256	
-	Nam		ea Code Daytime Telephon	
Enclosed is	a check for the	he 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

Street Address
New Filing Section Division
The Centre of Tallahassee

j

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

Lidia Magdalena	LLC		
(Must	contain the words "Limited	Liability Compan	y, "L.L.C.," or "L.LC,")
ARTICLE II - Address: The mailing address and stre	eet address of the principal	office of the Limite	ed Liability Company is:
<u>Prin</u>	ncipal Office Address:		Mailing Address:
8390 West Flang Miamt, FL 33144	der Street, Suite 102 4	83 Mi	90 West Flangler Street, Suite 102 ami, Fl. 33144
ARTICLE III - Registered	Agent, Registered Office,	. & Revistered Aa	antic Signatures
The Limited Liability Companother business entity with The name and the Florida str	oany cannot serve as its own an active Florida registration eet address of the registere	n Registered Agent on.) d agent are:	ent s argusture: . You must designate an individual or
anomer business entity with	pany cannot serve as its owi an active Florida registrati	n Registered Agent on.) d agent are: Jaziglia	. You must designate an individual or
anomer business entity with	oany cannot serve as its own an active Florida registration eet address of the registere Nicolas Rodriguez C	n Registered Agent on.) d agent are: Jaziglia Name	ent s argusture: . You must designate an individual or
anomer business entity with	an active Florida registration and active Florida registration and active Florida registere address of the registere Niculas Rodriguez C	n Registered Agent on.) d agent are: Jaziglia Name Street, Suite 102	. You must designate an individual or
anomer business entity with	oany cannot serve as its own an active Florida registration eet address of the registere Nicolas Rodriguez C	n Registered Agent on.) d agent are: Jaziglia Name Street, Suite 102	. You must designate an individual or
another business entity with	pany cannot serve as its own an active Florida registration eet address of the registere Nicolas Rodriguez Canada Sanda West Flangler Florida street address Miami.	n Registered Agent on.) d agent are: Daziglia Name Street, Suite 102 is (P.O. Box <u>NOT</u>	You must designate an individual or
anomer business entity with	eet address of the registere Niculas Rodriguez C 8390 West Flangler Florida street addres	n Registered Agent on.) d agent are: Daziglia Name Street, Suite 102 is (P.O. Box <u>NOT</u>	. You must designate an individual or

2023 July - 3 PH 3: 17

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
'MGR" = Manager	
AMBER	Nicolas Rodriguez Gaziglia
	8390 West Flangler Street. Suite 102
	Miami. FL 33 44
<u></u>	
ective date is listed, the date must be a of filing.) The date inserted in this block does no	the of filing
ective date is listed, the date must be a of filing.) I the date inserted in this block does not ment's effective date on the Department. E VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 it meet the applicable statutory filing requirements, this date will not not of State's records.
fective date is listed, the date must be a of filing.) If the date inserted in this block does not ument's effective date on the Department LE VI; Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 it meet the applicable statutory filing requirements, this date will not not of State's records.
ective date is listed, the date must be an filing.) The date inserted in this block does no ment's effective date on the Department. EVI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 it meet the applicable statutory filing requirements, this date will not not of State's records.
ective date is listed, the date must be an filing.) The date inserted in this block does not ment's effective date on the Department. E. VI; Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exellent aware that any for	specific and cannot be more than five business days prior to or 90 it meet the applicable statutory filing requirements, this date will not not of State's records.
REOURED SIGNATURE: Signature of a This document is exe I am aware that any focus of a constitutes a third deg	member or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b). Florida Statutes, also information submitted in a document to the Department of State gree felony as provided for in \$.817.155, F.S.
setive date is listed, the date must be soffiling.) the date inserted in this block does not ment's effective date on the Departme E. VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exe I am aware that any for constitutes a third deg	member or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b). Florida Statutes, also information submitted in a document to the Department of State.
retive date is listed, the date must be of filing.) the date inserted in this block does not ment's effective date on the Departme E.VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exe I am aware that any for constitutes a third deg	member or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b). Florida Statutes, ilse information submitted in a document to the Department of State received for in s.817-155, F.S.
retive date is listed, the date must be soffiling.) The date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exe I am aware that any for constitutes a third deg	member or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b). Florida Statutes, ilse information submitted in a document to the Department of State information submitted in a document to the Department of State information submitted in a submitted in a document to the Department of State information submitted in a submitted in a document to the Department of State information submitted in a submitted in a submitted in a document to the Department of State information in the Department of State information in the Department of State in the De
rective date is listed, the date must be soffiling.) The date inserted in this block does not ment's effective date on the Department. E. VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exell am aware that any for constitutes a third deg. No. 125.00 Filling Fee for Articles of C.	member or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b). Florida Statutes, ilse information submitted in a document to the Department of State received for in s.817-155, F.S. colas Rodriguez Gaziglia Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent
ective date is listed, the date must be sof filing.) The date inserted in this block does no ment's effective date on the Departme E. VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exe I am aware that any for constitutes a third deg No. S125.00 Filing Fee for Articles of 6 5 30.00 Certified Copy (Optional)	member or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b). Florida Statutes, ilse information submitted in a document to the Department of State received for in s.817-155, F.S. colas Rodriguez Gaziglia Typed or printed name of signee Filing Frees: Organization and Designation of Registered Agent
rective date is listed, the date must be soffiling.) If the date inserted in this block does not ment's effective date on the Department's effective date of the Department's effective date of the Department's effective date on	member or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b). Florida Statutes, life information submitted in a document to the Department of State representative of a member. Could in accordance with section 605.0203 (1) (b). Florida Statutes, life information submitted in a document to the Department of State rece felony as provided for in s.817-155, F.S. Colas Rodriguez Gaziglia Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent

ARTICLE IV-