

L23000308348

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H230002277173ABC*

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To:

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

From:

Account Name : THREE K FAST CARRIER SERVICES INC
Account Number : 120180000033
Phone : (305)805-3516
Fax Number : (305)887-5844

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

Email Address: RAULLINDIAZ24@gmail.com

RECEIVED
2023 JUN 27 PM 1:45
CORPORATIONS
COMMERCIAL
SERVICES

**FLORIDA LIMITED LIABILITY CO.
LM ENTERPRISES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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June 27, 2023

FLORIDA DEPARTMENT OF STATE

THREE K FAST CARRIER SERVICES INC ^{Division of Corporations}

SUBJECT: LM ENTERPRISES LLC
REF: W23000089143

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L00000015195.

If you have any further questions concerning your document, please call (850) 245-6052.

Carlos E Rico
Supervisor
New Filing Section

FAX Aud. #: H23000226849
Letter Number: 123A00014430

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: LM ENTERPRISES LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FIRST NAME RAULIN (2) LAST NAME DIAZ LORENZO

Name of Person

LM ENTERPRISES LLC

Firm/Company

20780 SW 234TH STREET

Address

HOMESTEAD, FL 33031

City/State and Zip Code

RAULINDIAZ24@gmail.com

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

For further information concerning this matter, please call:

RAULIN at (786) 2416666
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

No. 7787 P. 4
4230002277173

ARTICLE I - Name:

The name of the Limited Liability Company is:

LM ENTERPRISES 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:

20780 SW 234TH STREET

20780 SW 234TH STREET

HOMESTEAD, FL 33031

HOMESTEAD, FL 33031

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:

RAULIN DIAZ LORENZO

Name

20780 SW 234TH STREET

Florida street address (P.O. Box **NOT** acceptable)

HOMESTEAD

FL

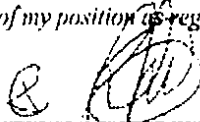
33031

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)

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" – Authorized Member

"MGR" – Manager

AMBR

RAULIN DIAZ LORENZO
20780 SW 234TH STREET
HOMESTEAD, FL 33031

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 06-27-2023, (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.

ANY AND ALL LAWFUL BUSINESS

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.

RAULIN DIAZ LORENZO

Typed or printed name of signer

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)