Division of Corporations
Electronic Filing Cover Sheet

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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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAMADRID FINANCIAL SERVICES CORP

Account Number : I20200000059 Phone : (954)727-9771 Fax Number : (954)727-9773

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

Email Address: Glonola lamodad unarial com

MECEIVED

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FLORIDA LIMITED LIABILITY CO. LEM BUSINESS SOLUTIONS LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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COVER LETTER

	ew Filing Sectivision of Corp					
cim ieca		NESS SOLUTIONS LLO	;			
SUBJECT	:	Name of Li	mited Liabil	ity Company		
The enclos	ed Articles of (Organization and fee(s) a	re submitted	I for filing.		
Please retu	rn all correspo	ndence concerning this m	atter to the	following:		
	LINA MOSQ	UERA				
			Name of	Person		
	LEM BUSIN	ESS SOLUTIONS LLC				
			Firm/Co	ompany		
	14321 SW 26	58 ST APT 204				
			Add	ress		
	HOMESTEA	AD, FL 33032				
	lina.mosquera		City/State a	nd Zip Code		
		-mail address: (to be use	d for future	annual report notification	on)	
For further	information co	ncerning this matter, plea	se call:			
	LINA MOSQ	UERA at (786	642-1208		
	Nam		Area Code	Daytime Telephone	Number	-
Enclosed i	s a check for t	he following amount:				
□\$125.04) Filing Fee	■\$130.00 Filing Fee & Certificate of Status	Certif	55.00 Filing Fee & fied Copy nal copy is enclosed)	Certificat Certified (copy is enclosed)
	New F Division P.O. B	ig Address iling Section on of Corporations lox 6327 assee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230	issee et, Suite 810	2029 JUL 24 PK 3: 55 FALL/ - รัฐโกก็สาทิติโกเ

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	TI	C	L	E	I	_	N	8	me	:
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The name of the Limited Liability Company is:

UTC

LEM BUSINESS SOLUTIONS 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:

14321 SW 268 ST APT 204 HOMESTEAD, FL 33032 HOMESTEAD, FL 33032

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:

LAMADRID FINANCIAL SERVICES CORP

Name

1265 S PINE ISLAND RD

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

PLANTATION FL 33324

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)

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Title:	Name and Address:
"AMBR" = Authorized Memb	er
"MGR" = Manager	
AMBR	LINA MOSQUERA
	LINA MOSOUERA 14321 SW 268 ST APT 204
	HOMESTEAD, FL 33032
(Use attachment if necessary) CLE V: Effective date, if other the	in the date of filing: 07/24/2023 (OPTIONAL)
CLE V: Effective date, if other the effective date is listed, the date is to of filing.)	nust be specific and cannot be more than five business days prior to or 90 days does not meet the applicable statutory filing requirements, this date will not be lis
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CLE V: Effective date, if other the effective date is listed, the date is e of filing.) If the date inserted in this block current's effective date on the Dicke VI: Other provisions, if any. REQUIRED SIGNATURE: Signature I am aware the constitutes a term of the constitutes a term of the constitutes and the constitutes are selected.	does not meet the applicable statutory filing requirements, this date will not be list epartment of State's records. 10 HOSDUCTO The of a member of an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes, at any false information submitted in a document to the Department of State.

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)