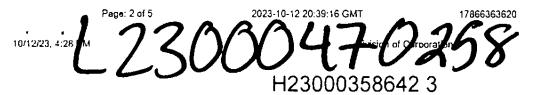
From: Xianny Chinchilla



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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RESOUTE PHILLER

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FLL BUSINESS SOLUTION CORP

Account Number : I20190000092 Phone : (754)202-8663 Fax Number : (786)636-3620

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

Email Address: FLLbusiness@outlook.com

FLORIDA LIMITED LIABILITY CO. LUSALEVI LLC

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Page Count	04
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COVER LETTER

TO:	New Filing Sec Division of Co						
SUBJE	LUSALEV	VILLC					
		Name of Limited Liability Company	_				
The enc	losed Articles of	of Organization and fee(s) are submitted for filing.					
Please r	eturn all corresp	pondence concerning this matter to the following:					
	XIANNY C	CHINCHILLA					
		Name of Person					
	FLL BUSIN	NESS SOLUTION CORP					
	Firm/Company						
	8350 W STATE ROAD 84						
	·	Address					
	DAVIE, FL.	1. 33324					
	FLLbusiness(City/State and Zip Code s@outlook.com					
		E-mail address: (to be used for future annual report notification)					
or furthe	er information co	concerning this matter, please call:					
	XIANNY CI	THINCHILLA 754 202-8663					
	Nan	me of Person Area Code Daytime Telephone Number	_				
Enclose	d is a check for t	the following amount.					
■ \$125	.00 Filing Fee	Certificate of Status Certified Copy Certific (additional copy is enclosed) Certified	00 Filing Fee, ate of Status & d Copy I 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

From: Xianny Chinchilla

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is: (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: 8352 W State Road 84 8352 W State Road 84 Davie, FL. 33324 Davie, FL. 33324 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: Vinicio A. Zamora Chacon Name

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

further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I

um familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

Florida

8352 W State Road 84

Davie

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. 1

Vinicio A. Zamora Chacon
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Vinicio A. Zamora Chacon 8352 W State Road 84 Davie, FL, 33324
MGR	Leslie Moreita Apu 8352 W State Road 84 Davie, FL, 33324
	
	
(Use attachment if necessary)	
(If an effective date is listed, the date must the date of filing.)	to date of filing: 10/06/2023 (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days after shot meet the applicable statutory filing requirements, this date will not be listed as tment of State's records
ARTICLE VI: Other provisions, if any. THE MAIN PURPOSE IS ARTIST MANA SERVICE RELATED	GEMENT AND BOOKING AGENCY AND ANY ALL LAWFULL
REQUIRED SIGNATURE:	
Vine	cio A. Zamora Chacon
Signature o This document is I am aware that an	f a member of an authorized representative of a member, executed in accordance with section 605,0203 (1) (h), Florida Statutes, y false information submitted in a document to the Department of State degree felony as provided for in s 817,155, F.S.

Vinicio A. Zamora Chacon

Typed or printed name of signee

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)