

10/12/23, 4:28 PM

**L23000470258**  
**H23000358642 3**

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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 Account Number : I20190000092  
 Phone : (754)202-8663  
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**FLORIDA LIMITED LIABILITY CO.**  
**LUSALEVI LLC**

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

To:

Page: 3 of 5

2023-10-12 20:39:16 GMT

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From: Xianny Chinchilla

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**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT: LUSALEVI 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:

XIANNY CHINCHILLA

Name of Person

FLL BUSINESS SOLUTION CORP

Firm/Company

8350 W STATE ROAD 84

Address

DAVIE, FL. 33324

City/State and Zip Code

FLLbusiness@outlook.com

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

For further information concerning this matter, please call:

XIANNY CHINCHILLA

754

202-8663

at ( )

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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

LU SALEVI 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:8352 W State Road 848352 W State Road 84Davie, FL 33324Davie, FL 33324

## ARTICLE III - Registered Agent, Registered Office, &amp; 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

8352 W State Road 84Florida street address (P.O. Box **NOT** acceptable)DavieFlorida33324

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.

Vinicio A. Zamora Chacon

Registered Agent's Signature (REQUIRED)

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DADE COUNTY FLORIDA

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**MGRVinicio A. Zamora Chacon8352 W State Road 84Davie, FL 33324MGRLeslie Moreira Apu8352 W State Road 84Davie, FL 33324

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 10/06/2023 (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.**THE MAIN PURPOSE IS ARTIST MANAGEMENT AND BOOKING AGENCY AND ANY ALL LAWFULL SERVICE RELATED****REQUIRED SIGNATURE:**Vinicio A. Zamora Chacon

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.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)

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