

10/23/23, 7:2

Florida Department of State
Division of Corporations
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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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : SOSME ACCOUNTING & TAX SERVICES LLC
Account Number : I20200000102
Phone : (954)998-1035
Fax Number : (954)573-1480

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
L&M LUXURY AUTO BODY SHOP LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

2023 OCT 25 PM 12:17

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CLERK OF STATE
TALLAHASSEE, FL

2023 OCT 25 PM 4:43

Electronic Filing Menu

Corporate Filing Menu

Help

T. MATTHEWS

OCT 26 2023

To: 18506176381 From: 19545731480 Date: 10/25/23 Time: 3:17 PM Page: 02/06
To: 19545731480 From: Anonymous Date: 10/25/23 Time: 2:37 PM Page: 01
850-617-6381 10/25/2023 10:37:17 AM PAGE 1/001 Fax Server



October 25, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SOSME ACCOUNTING & TAX SERVICES LLC

SUBJECT: L&M LUXURY AUTO BODY SHOP LLC
REF: W23000145430

We have received your document for L&M LUXURY AUTO BODY SHOP LLC .
However, the enclosed document has not been filed and is being returned to
you for the following reason(s):

The name of a limited liability company must contain the words "Limited
Liability Company," the abbreviation "L.L.C.," or the designation "LLC."
The following suffixes are no longer acceptable: "Limited Company,"
"L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer
acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60
days or your filing will be considered abandoned.

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

Monique K Anderson
Regulatory Specialist II

FAX Aud. #: H23000368806
Letter Number: 823A00024713

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: L&M LUXURY AUTO BODY SHOP LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

OSMAN OMAR LOPEZ PINEDA

Name of Person

L&M LUXURY AUTO BODY SHOP LLC

Firm/Company

2456 NW 77 TERRACE

Address

MIAMI FL 33147

City/State and Zip Code

OSMAN11@ME.COM

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

For further information concerning this matter, please call:

OSMAN LOPEZ

305

910-5270

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

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

L&M LUXURY AUTO BODY SHOP LLC

(Must contain the words "Limited Liability Company," "LLC," or "LLC.")

2023 OCT 25 PM 4:43

CLERK OF STATE
TALLAHASSEE, FL

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2456 NW 77 TERRACE
MIAMI FL 33147

Mailing Address:

2456 NW 77 TERRACE
MIAMI FL 33147

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:

OSMAN OMAR LOPEZ PINEDA

Name

2456 NW 77 TERRACE

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

MIAMI

FL

33147

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:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MANAGER

OSMAN OMAR LOPEZ PINEDA
2456 NW 77 TERRACE
MIAMI FL 33147

MANAGER

RONALDO MORALES MALDONADO
2456 NW 77 TERRACE
MIAMI FL 33147

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.

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.

OSMAN OMAR LOPEZ PINEDA

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)