

L24000116577

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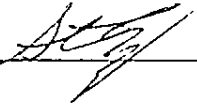
CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

LG Wise, LLC

Please Debit FCA000000003 For: 125

Thank you Seth Neeley



Art of Inc. File _____
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Fictitious Name File _____
Trade/Service Mark _____
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RA Resignation _____
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Name

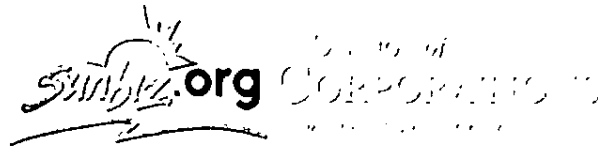
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Rejected Filing

LG WISE, LLC

Filing Information

Document Number W24000036257

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Associated Document**Number****Document Type****Filed By**

CAPITAL CONNECTION, INC.

Document Images

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TALLAHASSEE, FL
STATE

COVER LETTER

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

SUBJECT: LG Wise, 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:

Lisbet Velazquez
Name of Person
VPP Law Firm
Firm/Company
782 NW 42 Avenue, Suite 332
Address
Miami, FL 33126
City/State and Zip Code
Lisbet@vpplawfirm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisbet Velazquez 305 549-8280
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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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2024 MAR -4 PM 3:24
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LG Wise, 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:

14751 SW 158 Street

Miami, FL 33187

14751 SW 158 Street

Miami, FL 33187

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:

Lisandro Guevara

Name

14751 SW 158 Street

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

Miami

FL

33187

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

Lisandro Guevara

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2011 MAR -6 PM 3:24
CLERK OF CIRCUIT COURT
MIAMI, FL

FILED

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

Lisandro Guevara
14751 SW 158 Street
Miami, FL 33187

(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:

Lisandro Guevara

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.

Lisandro Guevara

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)

2024 MAR -1, PM 8:21
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STATE