

L24000177263

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****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.
LONAM-NATIIVO 2901, LLC**

Certificate of Status	0
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Estimated Charge	\$155.00

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Corporate Filing Menu

Help

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

T. MATTHEWS
APR 19 2024

H24000141242 3

COVER LETTER**TO: New Filing Section
Division of Corporations****SUBJECT:** Lonam-Nativo 2901, 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:

James H. Eddy, Jr.

Name of Person_____
Firm/Company

401 East Sonterra Blvd, Suite 114

Address

San Antonio, TX 78258

City/State and Zip Code

jayeddy@gmail.com

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

For further information concerning this matter, please call:

James H. Eddy, Jr.

210

865-8600

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

H24000141242 3

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2024 APR 18 AM 11:23
H24000141242 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE
TALLAHASSEE, FL**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Lonam-Nativo 2901, 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:401 East Sonterra Blvd, Suite 114
San Antonio, TX 78258**Mailing Address:**401 East Sonterra Blvd, Suite 114
San Antonio, TX 78258**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:

Capitol Corporate Services, Inc.
Name515 E. Park Ave., Second FloorFlorida street address (P.O. Box **NOT** acceptable)

<u>Tallahassee</u>	<u>FL</u>	<u>32301</u>
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..

Kim Tadlock Kim Tadlock, Asst. Secretary on behalf
of Capitol Corporate Services, Inc.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

H24000141242 3

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:MGRJames H. Eddy, Jr.401 East Sonterra Blvd, Suite 114San Antonio, TX 78258

(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:**/s/ James H. Eddy, Jr.**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.James H. Eddy, Jr.

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)**

H24000141242 3