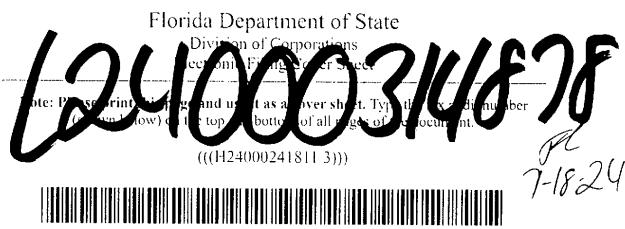
.07/16/2024 18:02 From:17184082550 To:18506176381 Date Time 07/16/24 06:02PM Pages: 3 P: 1/3

7/16/24, 5:52 PM

Division of Corporations



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 : USACORP INC. Account Number : I20130000019 : (718)362-4789 Phone Fax Number : (718)408-2550

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

Email Address: admin@lumiihomebuyers.com

## FLORIDA LIMITED LIABILITY CO.

3417 Bay Meadow LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

7/16/2024	18:02	From:17184082550 To:18	9506176381	Date	Time 07/16/24 0	)6:02PM Pages:	3
(((H2400)241	81130)						
	ARI	FIGLES OF ORGANIZATION FOR	FLORIDALIN	IITED LLA	BILITY COMPANY		
	EI - Name:						
The name	of the Limit	ed Liability Company is:					
	3417 Bay S	Jeadow LLC					
	(i	Must end with the words "Limited	Hiability Co	npany, "L	.L.C" or "LLC ")		
	: II - Addre						
The mailir	ig address an	id street address of the principal o	office of the Li	mited Lia	bility Company is:		
	Principal Office Address:				Mailing Addre	<u>288</u> :	
3417 Bay Meadow Ct			3417 Bay Meadow Ct				
Windermere, FL 34786			Windermere, FL 34786				
(The Limit another by	ed Liability isiness entity	tered Agent, Registered Office, Company cannot serve as its own with an active Florida registration	Registered A on.1	Agent's gent, You	Signature: must designate an ind	ividual or	
THE PARTIE			agemme.				
		Akeem Spady	Name	<del></del>			
		3417 Bay Meadow C	••				
		Florida street address		OT accer	atable)		
		Windermere	FL		34786		
		City	State	* '	Zip		
– place design – further agree	ated in this c to comply v	gistered agent and to accept servi ertificate. I hereby accept the appoint with the provisions of all statutes re ept the obligations of my position of	ouitment as re clating to the p as registered a	gistered aj roper and	gent and agree to act it complete performance	n this capacity. I e of my duties, and i	<i>[</i>
		/s/ Akeem Spa		<u> </u>	<del></del>		
		يف بينيد ل	orad America	Trees where a f	DROUGDEIN	i	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

2/3

(((H240002418113)))

## ARTICLE IV-

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

<u>Title:</u> "AMBR" = "MGR" = N	Authorized Member	Name and Address:		
AMBR		Illumiinated Enterprises LLC		
	<del>.</del>	1775 Windsor Rd #420		
		Teaneck, NJ 07666		
AMBR, MC	5R	Alvaro Huaman Ruiz		
		133 37th Dr SW		
		Vero Beach, Fl. 32968		
	· · · · · · · · · · · · · · · · · · ·		<del></del>	
	<del></del>			
(Use attachn	nent if necessary)			
	ive date on the Department of Sta	to applicable statutory filing requirements, this date wite's records	11 1101 00 11	sect as
	NAME OF THE OWNER OWNER OF THE OWNER OWNE			- -
RECORRE	SIGNATURE:			
	/s/ Akeem Spady		<u>S. S.</u>	
	This document is executed in I am aware that any false infor	or an authorized representative of a member. 5 accordance with section 605.0203 (1) (b). Florida Stationation submitted in a document to the Department of Says as provided for in \$.817.155, F.S.		
	Akeem Spady	టా ————————————————————————————————————	~ ~~	
	Lyp	oed or printed name of signee ra-	<u>v</u> = <u>₹</u>	J
		Filing Fees:	~ <del>-</del>	<b>*</b>
\$125.00 Fi	ling Fee for Articles of Organiza	ation and Designation of Registered Agent	PM 1:08	
\$ 30.00 Co	ertified Copy (Optional)		-,	
\$ 5.00 Cc	ertificate of Status (Optional)			

## **FAX COVER SHEET**

TO		· · · · · · · · · · · · · · · · · · ·
COMPANY		
FAXNUMBER	18506176381	
FROM	Madhavi Madhavi	
DATE	2024-07-16 16:39:04 PDT	
RE	FL NP Order #559133924	10.00

## **COVER MESSAGE**

Hi Team,

Please find attached the FL NP article

Thanks! Madhay, Rana

