

## Florida Department of State

Division of Corporations  
Electronic Filings / Cover Sheet

**L24000329269**

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## To:

Division of Corporations  
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FLORIDA LIMITED LIABILITY CO.  
LAVANDERA SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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2024 JUL 29 PM 3:58

2024 JUL 29 AM 10:42  
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DIVISION OF CORPORATIONS  
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

LAVANDERA SERVICES 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:**

122 NW 10TH ST

CAPE CORAL, FL 33993

**Mailing Address:**

226 CULTURAL PARK BLVD N

CAPE CORAL, FL 33909

**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:

LAVANDERA FUENTES, DIANELYS

Name

226 CULTURAL PARK BLVD N

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

CAPE CORAL


FL

33909

City

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.*

  
Dianelys Lavandera (Jul 28, 2024 14:32 CDT)

Registered Agent's Signature (REQUIRED)

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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

AMBR

**Name and Address:**

LAVANDERA FUENTES, DIANELYS

226 CULTURAL PARK BLVD N

CAPE CORAL, FL 33909

(Use attachment if necessary)

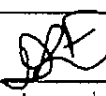
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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:**

  
Dianelys Lavandera (Jul 28, 2024 14:32 EDT)

**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.

LAVANDERA FUENTES, DIANELYS

Typed or printed name of signer

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