2024-11-27 16:06:40 GMT

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From: Juliana dos santos

Division of Corporations

# Florida Department of State



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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To:	Division of Co Fax Number	porations : (850)617-6381	
From:	Account Name Account Number Phone Fax Number		RECE 2024 DEC - 2 SECRETATION
ann	ual report maili	s for this business entity to be used for fillings. Enter only one email address please.	ω B M

# FLORIDA LIMITED LIABILITY CO. 2LHM LEG

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



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## COVER LETTER

TO: New Filing Section Division of Corporations

SUBJECT: 2LHM 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:

GILVAM F DOS SANTOS

Name of Person

**GFS TAX & ACCOUNTING SERVICES** 

Firm/Company

11764 W SAMPLE RD STE 102

Address

CORAL SPRINGS, FL 33065

City/State and Zip Code

INFO@GFSTAXACCT.COM

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

For further information concerning this matter, please call:

GILVAM F DOS SANTOS	754	268 6771
	_at (	_)
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

Image: Sign of Sign Sector Sign Sec

<u>Mailing Address</u> New Filing Section Division of Corporations P.O. Box 6327 Tallabassee, FL 32314 <u>Street Address</u> New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

2LHM LLC

(Must contain the words "Limited Liebility 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:
11764 W SAMPLE RD STE 102	11764 W SAMPLE RD STE 102
CORAL SPRINGS, FL 33065	CORAL SPRINGS, FL 33065

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:

TING SERVICE	<u>s</u>
Name	
STE 102	
P.O. Box <u>NOT</u> no	cceptable)
FL	33065
State	Zip
	Name ) <u>STE 102</u> P.O. Box <u>NOT</u> ne 

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)

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ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Same and Address:
AMBR	LUCIANO MARQUES 11754 W SAMPLE RD STE 102 CORAL SPRINGS, FL 33065
AMBR	ANA CAROLINA DA COSTA 11764 W SAMPLE RO STE 102 CORAL SPRINGS. FL 33065
(I les attachment if negations)	

(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. REAL ESTATE INVESTMENT

BEOUIRED SIGNATURE:	
Signature of a intempler 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.	
LUCIANO MARQUES	1
Typed or printed name of signee	
Filing Eges:	•
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	i
\$ 30.00 Certified Copy (Optional)	
\$ 5.00 Certificate of Status (Optional)	