

Florida Department of State

Division of Corporations

Business Filings

124000500588FL
12-524

Please print the business name and use it on the cover sheet. The audit number (shown below) will appear at the bottom of all pages of the document.

(((H240003991863)))



H240003991863ABC9

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 : DMG FINANCIAL SERVICES INC
Account Number : 120230000151
Phone : (305)595-2407
Fax Number : (305)595-2408

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

Email Address: _____

RECEIVED

2024 DEC -4 AM 11:44

STATE
TALLAHASSEE, FL

FLORIDA LIMITED LIABILITY CO.

lucias global llc

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

STATE
TALLAHASSEE, FL

2024 DEC -4 PM 4:31

RECEIVED

Electronic Filing Menu

Corporate Filing Menu

Help

B

December 2, 2024

Department of State
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

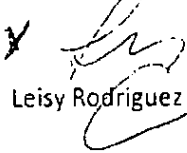
Re: Lucias Global llc

To whom it may concern:

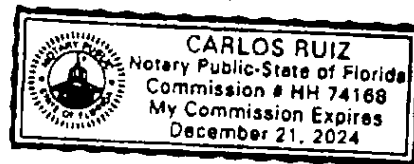
By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,



Leisy Rodriguez Rodriguez



2024 DEC -4 PM 4:31
STATE
OFFICE
FL

FILED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: LUCIAS GLOBAL 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:

MARIA E RUIZ

Name of Person

DMG TAX SERVICES

Firm/Company

7750 SW 117TH AVE SUITE 203

Address

MIAMI, FLORIDA 33183

City/State and Zip Code

MARIAQUIROS9@HOTMAIL.COM

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

For further information concerning this matter, please call:

MARIA E RUIZ

305

595-2407

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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LUCIA'S GLOBAL 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:

413 W 69 PLACE

HIALEAH, FLORIDA 33014

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:

LEISY RODRIGUEZ RODRIGUEZ

Name

413 W 69 PLACE

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

HIALEAH

FLORIDA

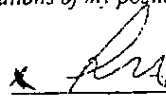
33014

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

2024 DEC -4 PM 4:31
OFFICE, FL

ARTICLE IV-

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:

LEISY RODRIGUEZ RODRIGUEZ

413 W 69 PLACE

HIALEAH, FLORIDA 33014

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12/05/2024 (OPTIONAL)

ARTICLE V: Effective date, if other than the date of filing, _____, _____, _____ (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:

✓ *[Signature]*

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.

LEISY RODRIGUEZ RODRIGUEZ

Typed or printed name of signer

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)