

124000516805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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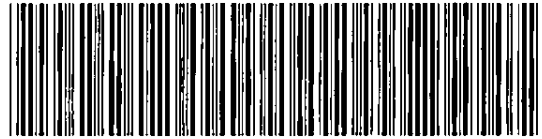
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

LEJAYM SAWGRASS LLC

Please Debit FCA000000003 For: 130

Thank you Seth Neeley



Signature

Requested by:

Name

Date

Time

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Art of Inc. File _____
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Art. of Amend. File _____
RA Resignation _____
Dissolution / Withdrawal _____
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Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
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UCC 1 or 3 File _____
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UCC 11 Retrieval _____
Courier _____

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LEJAYM SAWGRASS 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:

255 ARAGON AVENUE, 2ND FLOOR
CORAL GABLES, FLORIDA 33134

Mailing Address:

255 ARAGON AVENUE, 2ND FLOOR
CORAL GABLES, FLORIDA 33134

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:

ABITOS ADVISORS LLC

Name

255 ARAGON AVENUE, 2ND FLOOR

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

CORAL GABLES, FLORIDA 33134

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)

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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

Name and Address:

MGR

JAIME LOBATON ABADI
255 ARAGON AVENUE 2ND FLOOR
CORAL GABLES FLORIDA 33134

MGR

MARCOS LOBATON ASCH
255 ARAGON AVENUE 2ND FLOOR
CORAL GABLES FLORIDA 33134

MGR

MARCOS LOBATON ABADI
255 ARAGON AVENUE 2ND FLOOR

(Use attachment if necessary)

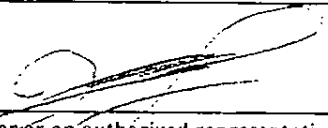
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



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.

JAIME LOBATON ABADI

Typed or printed name of signee

2024 DEC 12

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