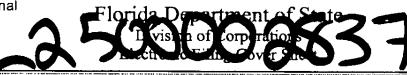
\*\*please honor original

submission date of

12/30/24



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.

(((H24000425272 3)))



H240004252723ABC

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 : CAPITOL SERVICES, INC.

Account Number : I20160000017 : (855)498-5500 Fax Number : (800)432-3622

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

Email Address:

# FLORIDA LIMITED LIABILITY CO. LUS LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

\*\*please honor original submission date of 12/30/24

\*\*please honor original submission date of 12/30/24

Electronic Filing Menu Corporate Filing Menu

Help

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January 2, 2025

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CAPITOL SERVICES, INC.

SUBJECT: LUS LLC REF: W25000000231

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

If you have any further questions concerning your document, please call (850) 245-6052.

FAX Aud. #: E24000425272 Letter Number: 425A00000044

Tabitha J Bowell Regulatory Specialist II New Filings Section

H24000425272

## COVER LETTER

TO:	New Filing Sec Division of Cor				
SUBJI	LUS LLC				
		Name of	Limited Li	ability Company	
The en	closed Articles of	Organization and fcc(s	) are subm	itted for filing.	
Picasc	return all correspo	ondence concerning this	matter to	the following:	
	Luke Spina	zzola			
			Nem	c of Person	
	Trenchless	Pipelining			
		•	Firm	n/Company	
	215 26th Av	re N			
			A	Address	
	St.Petersbu	rg Florida, 33704			
	Lukespin100	@omail.com	City/Stat	e and Zip Code	
			sed for fut	re annual report notifica	tion)
or furth	ner information co	ncerning this matter, ple	ease call:		
	Luke Spinaz		727 (	2228880	
	Nam	e of Person	Area Coo	Daytime Telepho	ne Number
Enclos	ed is a check for t	ne following amount:			
□\$12	5.00 Filing Fee	□\$130.00 Filing Fee Certificate of Status	Ce	\$155.00 Filing Fee & rtified Copy tional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New Fi Divisio P.O. B	g Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section I The Centre of Tallah 2415 N. Monroe Str Tallahassee, FL 323	nassoc eet, Suite 810

H24000425272

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

LUS 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:

 146 2nd st N, suite 310
 215 28th Ave N

 Saint Peterbsurg Florida 33701
 Saint Petersburg Florida 33704

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:

Capitol Corporate Services, Inc.
Name

515 E. Park Avenue, 2nd FL

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

Tallahassee FL 32301

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..

Kim Tadlock, as Asst. Secretary on behalf of Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)



H24000425272

<u>Title:</u> "AMBR" = 1 "MGR" = M	Authorized Member	Name and Address:	
MGR		Luke Spinazzola 215 26th Ave N, St.Petersburg Florida	<u>a.</u> -
AMBR	<del></del>	Tricia Ulrich 215 26th Ave N. St. Petersburg Florida, 33	<u>7</u> –
<u> </u>			<del>-</del>
			<del>-</del>
<del></del>			- -
•	ent if necessary)		
TCLE V: Effective n effective date is late of filing.)	re date, if other than the da listed, the date must be s rted in this block does no	ste of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 st meet the applicable statutory filing requirements, this date will no	-
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H24000425272