

L250000 28756

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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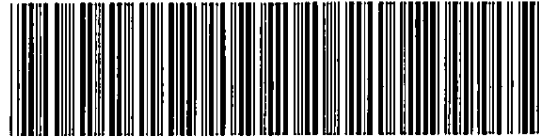
(Business Entity Name)

(Document Number)

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Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date: 01/23/2025

Name: Ovidshel Ocean Jr.

Reference #: 2629589

Entity Name: LANZAS SPECPRO III, LLC

- ☒ Articles of Incorporation/Authorization to Transact Business
☐ Amendment
☐ Change of Agent
☐ Reinstatement
☐ Conversion
☐ Merger
☐ Dissolution/Withdrawal
☐ Fictitious Name
☐ Other _____

Authorized Amount: \$125.00

Signature: *T. Ocean Jr.*

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LANZAS SPECPRO III, 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:

749 Crandon Boulevard, Apt 511,
Key Biscayne, FL 33149

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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:

Somerset Corporate Services, Inc

Name

2 S Biscayne Boulevard, Suite 2500

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

Miami

Florida

33131

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
MGR

Name and Address:

Pedro Raul Lopez Jacome
749 Crandon Boulevard, Apt 511,
Key Biscayne, FL 33149

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 21, 2025. (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.)

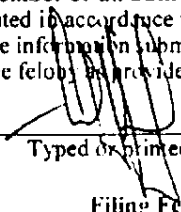
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.



Typed or printed name of signee

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)