L25000456097 10-8-25

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.

Office Use Only



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CEIVED



To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 10/06/25 Order #: 4496733-1 Re: House of Lisi LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

12000000195

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filling, please call our office.

COVER LETTER

	w Filing Sec vision of Co			
SUBJECT:	House of L	isi LLC		
30031.01.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Organization and fee(s) are	submitted for filing.	
Please return	ı all correspo	ondence concerning this ma	tter to the following:	
-			Name of Person	
-			Firm/Company	
-			Address	
-		Ci	ity/State and Zip Code	
_		E-mail address: (to be used	for future annual report notificat	ion)
For further in	formation co	ncerning this matter, please	call:	
	Nam		ea Code Daytime Telephon	 ne Number
Enclosed is	a check for t	he following amount:		
□\$125.00 E		☐\$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)
	New F	ng Address iling Section	Street Address New Filing Section D The Centre of Tallah	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLE I - Name: The name of the Limited Liability Company is: House of Lisi LLC (Must conatin 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: 5016 Anchor Way, New Port Richey, FL 34652 5016 Anchor Way, New Port Richey, FL 341 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: Corporation Service Company Name 1201 Hays Street Florida street address (P.O. Box NOT acceptable) Tallahassee State City

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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..

Corporation Service Company

By_Shauna Godbolt_

(CONTINUED)

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

"MGR" = Manager	COLCA I W N D D D D D D D D D D D D D D D D D D	
Elisa Torres, Manager	5016 Anchor Way, New Port Richey, FL 34652	_
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(Use attachment if necessary)		
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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)