Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : FL PATEL LAW PLLC Account Number : I20170000097 Phone : (727)279-5037 Fax Number : (727)888-1294

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

Support@flpatellaw.com Email Address:

FLORIDA LIMITED LIABILITY CO.

Lolas Beach Home LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

J. FASON

MAR 1 1 2021

Electronic Filing Menu Corporate Filing Menu

Help



COVER LETTER

Monday, March 8, 2021

To: New Filing Section
Division of Corporation

Subject: LOLAS BEACH HOME 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:

FL Patel Law PLLC

360 Central Avenue 8th Floor St. Petersburg, Florida 33701 Fax: 727-888-1294

For further information concerning this matter, please call or e-mail: Jamie Primeau 727-279-5037 or e-mail at Support@flpatellaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

FL Patel Law PLLC

ARTICLES OF ORGANIZATION

FOR

LOLAS BEACH HOME LLC

A FLORIDA LIMITED LIABILITY COMPANY

Name

The name of the Limited Liability Company is: Lolas Beach Home LLC (the "Company").

ARTICLE II.

The principal office of the Company is:

245 104th Avenue Apt. 5 Treasure Island, Florida 33706

The mailing address of the Company is:

2015 East 67th Street, Brooklyn, New York 11234

ARTICLE III. Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

FL Patel Law PLLC 360 Central Avenue Suite 800 Saint Petersburg, FL 33701 2021 HAR 10 AM 8: 34

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.

FL Patel Law PLLC (sign)

ARTICLE IV. Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	Name and Address
AMBR = Authorized Member MGR = Manager	
MGR	Piero Vernuccio 245 104th Avenue Apt. 5 Treasure Island, Florida 33706

ARTICLE V.

The Effective date shall be the date of filing.

_____(sign)

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.

Piero Vernuccio
Authorized Representative/Member

2021 HAR 10 AM 8: 34