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

Office Use Only



600377013926

11/24/21--01/01--006 **160.00

2021 NOY 23 PH 3: 142621 HBY 23 PH 4: 23

CAPITAL CONNECTION, INC.

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

		·]				
LION EQUITY INV	estment, li	LC					
							
				Art of Inc. File			
				UTD Partnership File	_		
				Foreign Corp. File			
			✓	L.C. File			
				Fictitious Name File			
				Trade/Service Mark	_		
				Merger File			
				Art. of Amend. File	_		
			<u> </u>	RA Resignation			
				Dissolution / Withdrawal			
				Annual Report / Reinstatement			
			<u>√</u>	Cert. Copy		14 23	
				Рһою Сору	ice end end end end end end end end end en	5	
				Certificate of Good Standing	. 5) c	;
			✓	Certificate of Status	-	U C	[1]
					.— ⊖; 	<u>.</u> 	\bigcirc
			İ	Corp Record Search		<u>ې</u>	
				Officer Search			
				Fictitious Search			
Signature				Fictitious Owner Search			
Signature				Vehicle Search			
				Driving Record			
Requested by: 11/17/21	11/22/21			UCC 1 or 3 File			
	$-\frac{11/22/21}{2}$	Time		UCC 11 Search			
Name	Date	Time		UCC II Retrieval			
Walk-In	Will Pick Up			Courier			

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Lion Equit	Threstment, LLC nited Liability Company
The enclosed Articles of Organization and fee(s) are	e submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Susan K	Buza
	Name of Person
1165 22nd S	tneet
	Firm/Company
Vero Beach Fl	37960 Address
	Address
realesta.	ty/State and Zip Code The Dolag con for future annual report notification)
	for future annual report notification)
For further information concerning this matter, please	
To the state of th	Can.
M. Buza at (5	561) 282.7071
Name of Person Ar	ea Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee □\$130.00 Filing Fee &	Cities no cuita par B. Meaco oo pur in
Certificate of Status	☐\$155.00 Filing Fee &
Mailing Address	Street Address
New Filing Section	New Filing Section Division
Division of Corporations P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Tallahassec, FL 32314	Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Must contain the words "Limited Lability Company. "L.L.C.,"	at LLC
(Must contain the words "Limited Lability 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:
1105 27Nd Strong L	cond et 1

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.)

32960

The name and the Florida street address of the registered agent are:

ARTICLE I - Name:

Susan K Buza

Name

1165 22nd Street

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

Vero Beach FL 32960

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)

2명1년 123 유유 나 23

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
MOR	Susan K. Buza		_
	Vero Deach FL 37940		_
			
		- 	_
		<u>-</u> -	_
			_ _
(Use attachment if necessary)			
LE V: Effective date, if other than the date of fective date is listed, the date must be specifiof filing.) If the date inserted in this block does not meet	filing: (OPTION COPTION	rior to or 9	
LE V: Effective date, if other than the date of forcive date is listed, the date must be specified filing.) If the date inserted in this block does not meet ament's effective date on the Department of S. LE VI: Other provisions, if any.	ic and cannot be more than five business days p the applicable statutory filing requirements, this state's records.	rior to or 9	
LE V: Effective date, if other than the date of forctive date is listed, the date must be specified filing.) If the date inserted in this block does not meet ment's effective date on the Department of S. LE VI: Other provisions, if any.	the applicable statutory filing requirements, this	rior to or 9	
LE V: Effective date, if other than the date of forctive date is listed, the date must be specified filing.) If the date inserted in this block does not meet ment's effective date on the Department of S. LE VI: Other provisions, if any.	the applicable statutory filing requirements, this state's records.	rior to or 9	
LE V: Effective date, if other than the date of fective date is listed, the date must be specified filing.) If the date inserted in this block does not meet ament's effective date on the Department of S. LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member o	the applicable statutory filing requirements, this state's records. The property of a member of a mem	rior to or 9	ot be li
LE V: Effective date, if other than the date of fective date is listed, the date must be specified filing.) If the date inserted in this block does not meet insert of sective date on the Department of Sective date on the Department of Sective date on the Department of Section of Sectio	the applicable statutory filing requirements, this state's records.	rior to or 9	ot be li
LE V: Effective date, if other than the date of fective date is listed, the date must be specified filing.) If the date inserted in this block does not meet insert of sective date on the Department of Sective date on the Department of Sective date on the Department of Section of Sectio	the applicable statutory filing requirements, this state's records.	rior to or 9	ot be li
EV: Effective date, if other than the date of ffective date is listed, the date must be specified filing.) If the date inserted in this block does not meet insert of the date inserted in the Department of St. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of a membe	the applicable statutory filing requirements, this state's records.	rior to or 9	ot be li
EV: Effective date, if other than the date of flective date is listed, the date must be specified filing.) If the date inserted in this block does not meet ment's effective date on the Department of S. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of a	the applicable statutory filing requirements, this state's records.	rior to or 9	ot be li

ARTICLE IV-