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(Requestor's Name)

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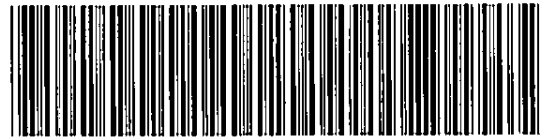
(Business Entity Name)

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TALLAHASSEE, FL 32304

CAPITAL CONNECTION, INC.

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

LBPKAP LLC

Please Debit FCA000000003 For: 125

Thank you Seth Neeley



____ Art of Inc. File _____
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____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
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____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
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____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

Signature

Requested by:

20

Name

Date

Time

Walk-In

Will Pick Up

**ARTICLES OF ORGANIZATION
OF
LBPKAP LLC**

The undersigned does hereby subscribe to, acknowledge and file the following Articles of Organization for the purpose of creating a limited liability company under the laws of the State of Florida.

ARTICLE I - NAME

The name of this limited liability company shall be

LBPKAP LLC

ARTICLE II – BUSINESS PURPOSE

The Company shall be authorized to transact any lawful business in the State of Florida or in the United States, including, but not limited to operation of a real estate investment business.

ARTICLE III – PRINCIPAL OFFICE

The mailing address and street address of the principal office of the limited liability company shall be 1323 SE 17th Street, Ste. 93136, Fort Lauderdale, FL 33316.

ARTICLE IV – REGISTERED OFFICE

The initial registered office of this limited liability company is 10081 Pines Blvd., Ste. C, Pembroke Pines, Florida 33024. The initial registered agent at that address is Arnold M. Straus, Jr.

ARTICLE V - MANAGEMENT

The limited liability company shall be manager-managed. There shall always be two managers. The name and address of each person authorized to manage and control the Limited Liability Company are:

<u>Title</u>	<u>Name and Address</u>
Manager	LUIS PEREZ 1323 SE 17 th Street, Ste. 93136 Fort Lauderdale, FL 33316
Manager	KATHYA PEREZ 1323 SE 17 th Street, Ste. 93136 Fort Lauderdale, FL 33316

ARTICLE VI - EFFECTIVE DATE

This limited liability company shall commence its existence as of the filing of these Articles of Organization, and shall exist perpetually thereafter unless sooner dissolved.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on the 19 of February 2025.

Luis B. Perez
LUIS PEREZ, MANAGER

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provision of section 605, Florida Statutes, the limited liability company referenced below submits the following statement in designating the registered office/registered agent, in the State of Florida.

FIRST – The name of the limited liability company is

LBPKAP LLC

SECOND – The name and address of the registered agent and office is:

ARNOLD M. STRAUS, JR.
10081 PINES BLVD., STE. C
PEMBROKE PINES, FLORIDA 33024

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 provision 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.

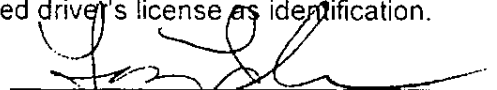
Dated as of this 19 day of February, 2025.



ARNOLD M. STRAUS, JR.

STATE OF FLORIDA)
 SS:
COUNTY OF BROWARD)

The foregoing instrument was acknowledged before me this 19 day of February, 2025, by means of physical presence by Arnold M. Straus, Jr., Esq., who is personally known to me or who produced driver's license as identification.



NOTARY PUBLIC, State of Florida
My Commission Expires:

