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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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LAZARUS CORPORATE FILI	NG SERVICE	
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MIAMI, FLORIDA (305)552-5973		
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(Corporation Name)	OCUMENT NUMI E <i>REPAÍA</i>	BER(S) (if known):  OCENTER LLC  (Document *)
2. (Corporation Name)		(Document #)
3. (Corporation Name)		(Document #)
4. (Corporation Name)		(Document #)
Walk in Pick up time	2.00	Certified Copy
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Profit	Amendment	
NonProfit	Resignation of R.A., Officer/Director	
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
OTHER FILINGS  Annual Report	REGISTRATIO QUALIFICATIO Foreign	
Fictitious Name Name Reservation	Limited Partnersh	ip
Ivaine nesetvauon	Reinstatement	
	Trademark	

Other

Examiner's Initials

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: Snow White Repa	ir CENTER C
ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability (	SA TI
Principal Office Address: Mailing Address:	7 D
11180 WEST Flagler St 11180 WEST F Miami 12 33174 Miami FL 3	TAGTER ST
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signat	ure:
The name and the Florida street address of the registered agent are:	
JESUS CASTANON	

11180 West Flagler St.

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

MiAmi FL 33174

City, State, and 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 608, F.S..

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u> </u>		Name and Address:	
'MGRM" = Man		JESUS CASTANO 11/80 WEST FIAGIE MIAMI, FL 3317	R. Street # 3
Use attachment i	f necessary)		
NOTE: An addi	itional article must be	added if an effective date is requested.	
REQUIRED SIC	Signature of a member  (In accordance with section of this document constitution that the facts stated here	NAGER	
	Тур	ed or printed name of signee	