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Division of Corporations Electronic Filing Cover Sheet

lorida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000186916 3)))



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To:

Division of Corporations

Fex Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I2000000019 Phone : (305)552-5973 Fax Number : (305)220-1440

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

Email Address:

## FLORIDA LIMITED LIABILITY CO. MANNY VARONA REPAIR LLC

Certificate of Status Certified Copy

1 03

Page Count

\$155.00

Estimated Charge

S. HAWKES

AUG 2 3 2010

**EXAMINER** 

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Corporate Filing Menu

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## H10000186916

ARTICLES OF ORGANIZATION FOR FLO	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
Manny Varona  (Most end with the words "Limited Liability	REPAIR 110 110
(Must end with the words "Limited Liability	y Complany, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
123 N. Krume Avenue Homestead Florida 33030	Same
4000 to 1000 t	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Nose Mil	Vantona
Name	
123 N. Krom	e AVE
. Florida street addı	rcss (P.O. Box NOT acceptable)
HomESTEAD	
City, State, an	nd 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..

gistered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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

	<u>Title:</u> "MGR" = Manag	er .	Name and Address:	
	"MGRM" = Man			
	MGRM	_	Jase M. VARON	a
			HOMESTEAD FL	<u>VE</u> 33030
		<del></del>		
		•.		NIC 20
	,			•
	<del></del>	<b></b>		8
	•	•		
	(Use attachment	if necessary)	<del>-</del> -,	
ARTI	CLE V: Effective	date, if other than the	date of filing:	(OPTIONAL)
(If an		ted, the date must be	specific and cannot be more than five b	•
to or :	o days micr inc o	ace of minig.)		•
	REQUIRED SI	GNATURE:		
		Dage		•
•				
		0	r or an authorized representative of a member,	,
	•	of this document consti that the facts stated h	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury	
	·	JOSE M	. VARONA.	
		Туг	ped or printed name of signee	

Filing Fees:

\$125.00 Flling Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Cartified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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