Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H17000253030 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone

: (30S)552-5973

Fax Number

: (305)675-5944

\*\*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. PEREZ TILE LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

H18000253030

## ARTICLES OF ORGANIZATION **FOR** FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is: company is:
TEREZTILE ILC
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability
Company is:
THY SW H STREET # 1
MIAMI FT 32130
WITHMI, FC 33130
ARTICLE III - Registered Agent, Registered Office:
The name and the Florida street address of the registered agent are continuous
Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
LUIS ENKIQUE PEKCE SOLIS
71110 C 1 1 8/2 = # 1
744 SW 4 STREET #1
MIAMI FL 33130
<u></u>
ARTICLE IV-
The name and title of
Liability Company:
The state of the s
LUIS FARIOUT PEREZ SALIONS SO
LUIS ENRIQUE PEREZ SOLISA =
(ame)

Required Signatures:

H18000253030

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

LUIS ENRIQUE TEREZ SOLIS

Typed or printed name of signee

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)

17 SEP 26 AM 9: 13