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.

(((H210000833173)))



H210000833173ABCZ

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 : (305)552-5973

Fax Number

: (305)675-5944

Enter the email address for this business entity to be used for future $\overset{\ref{cont}}{\omega}$ annual report mailings. Enter only one email address please.

Email /	Address:
---------	----------

FLORIDA LIMITED LIABILITY CO. SR2 CONSULTING, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY OF Y

The state of the s	TOK TOKIDA LAMITED LIAI	HILTY C	OMPANY
ARTICLE I - Name:			
The name of the Limited Liability Con	mpany is:		
•			
SR2 Consulting, LLC			
(Must end with the words "Limited Liability Comp	pany, "Limited Company" or their shbreviation "I	1 C " " C	- !>\
	, , , , and a sole viality E	LC, OF D.C.,	,
ARTICLE II - Address:			
The mailing address and street address	of the principal office of the Limited	Liability C	Company is:
Principal Office Address:			. 28
The state of the s	Mailing Address:		21 -
1205 NE-1st Street	1205 NE 1st Street	•	15.4 12.4
Ft. Lauderdale, FL 33301	Ft. Lauderdale, FL 33301		1
ARTICLE III - Registered Agent, Re		***	
The name and the Florida street address Lopez & Partners, Li	s of the registered agent are: LC c/o Valentin Lopez Name		
2600 Douglas Roa	d, Suite 811		
Florida	street address (P.O. Box NOT acceptable)		
Coral Gables	FL 33134		
Cit	ty, State, and Zip		
statutes relating to the proper and con accept the obligations of my position	ated in this certificate, I hereby accept capacity. I further agree to comply win plete performance of my duties, and I is as registered agent as provided for in	the appoint th the provi	ment as isions of all
Registered Agen	t's Signature (REQUIRED)		

(CONTINUED)
Page 1 of 2

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

$^{11}MC(D)^{11} = \tilde{M}_{A} =$	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
MGRM	Salvador Rincon	
	1205 NE 1st Street	_
	Ft Lauderdale, FL 33301	
		
MGR	Shelley Rincon	
	1205 NE 1st Street	_
	Ft. Lauderdale, FL 33301	-
		_ ;
		_ :
	<u> </u>	_ 5
		<u> </u>
		'۔ ' :
		بر ن
		7
(Use attachment if necessary)		
(Use attachment if necessary)		
(Use attachment if necessary) LEV: Effective date, if other than the	date of filing: 2/26/2021 (OPT)	OÑA
LEV: Effective date, if other than the	date of filing: 2/26/2021 (OPT)	OÑA s das
LEV: Effective date, if other than the offective date is listed, the date must be	date of filing: 2/26/2021 (OPTI	ON/ s da
LEV: Effective date, if other than the offective date is listed, the date must be	date of filing: 2/26/2021 (OPT) specific and cannot be more than five busines	OÑA s day
LEV: Effective date, if other than the offective date is listed, the date must be days after the date of filing.)	date of filing: 2/26/2021 (OPTI e specific and cannot be more than five busines	OÑA s day
LEV: Effective date, if other than the detective date is listed, the date must be days after the date of filing.)	date of filing: 2/26/2021 (OPT) especific and cannot be more than five busines	OÑA s day
LEV: Effective date, if other than the offective date is listed, the date must be days after the date of filing.)	date of filing: 2/26/2021 (OPTI specific and cannot be more than five business)	OÑA s day
LEV: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)	date of filing: 2/26/2021 (OPTI specific and cannot be more than five busines	OÑA s day
LE V: Effective date, if other than the offective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	specific and cannot be more than five busines	OÑA s day
LE V: Effective date, if other than the offective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	date of filing: 2/26/2021 (OPT) specific and cannot be more than five business or an authorized representative of a member.	OÑA s day
LEV: Effective date, if other than the offective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with sections)	specific and cannot be more than five busines or an authorized representative of a member. tion: 608.408(3). Florida Statutes, the execut on	OÑA s day
LE V: Effective date, if other than the offective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with sect of this document constitution)	e specific and cannot be more than five busines or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execut on butes an affirmation under the penalties of periury	OÑA s day
LEV: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with sections)	e specific and cannot be more than five busines or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execut on butes an affirmation under the penalties of periury	OÑ/ s day
LEV: Effective date, if other than the offective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with sect of this document constitution)	e specific and cannot be more than five busines or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execut on butes an affirmation under the penalties of periury	OÑ/ s da