Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

3052201440

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Phone

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:	
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FLORIDA LIMITED LIABILITY CO. A.G LIMPIA TODO 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 COMPANY

A FARMS on	
ARTICLE I - Name: The name of the Limited Liability Company is:	
A.G. Limpia Todo LLC	
ARTICLE II - Address: The mailing address and street address of the principal office Company is:	of the Limited Liability
9581 Factional 11 1	107 Minui FC
38112	
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agen Company cannot serve as its own Registered Agent. You must designate on individual or an with an active Florida registration.)	t are: (The Limite.! Liability other business entity
ARANA Cordero ANA GISELA	:,3
9581 FONTAINEBLEAU bLVd 107	Misur; FL.
33/72	
ARTICLE IV The name and title of each person authorized to manage and co Liability Company: (MGR or AMBR)	ontrol the Limited
ARANA Cordero ANA Gise	LA (AMBR)
<u> </u>	
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Required Signatures:

3052201440

Signature of a member or an authorized representative of 1 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.

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 ager t as provided for

in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)