

05/17/2018 14:33 FAX 305

5/17/2018

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : NEW LIFE COMPANY, INC.
Account Number : I20150000122
Phone : (785)218-4201
Fax Number : (305)824-8858

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

Email Address: opencorp@yahoo.com

RECEIVED
2018 MAY 17 PM 2:53
BUREAU OF CORPORATIONS
COMMERCIAL
INFORMATION SERVICES

**FLORIDA LIMITED LIABILITY CO.
ALEX SANT SERVICES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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Corporate Filing Menu

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N CULLIGAN

FILED**2018 MAY 17 AM 9:24****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

ALEX SANT SERVICES LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:**Mailing Address:**1461 NE 169 ST STE No. 226
NORTH MIAMI BEACH, FL 33162SAME**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

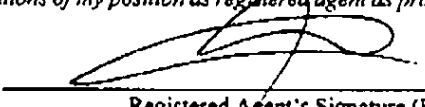
MANUEL A ANGULO

Name

1461 NE 169 ST STE No 226Florida street address (P.O. Box **NOT** acceptable)

<u>N MIAMI BEACH</u>	<u>FLORIDA</u>	<u>33162</u>
City	State	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 605, F.S..


 Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

MANUEL A ANGULO
1461 NW 169 ST STE No. 226
N MIAMI BEACH, FL 33162

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 MAY 17 AM 9:24

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(Use attachment if necessary)

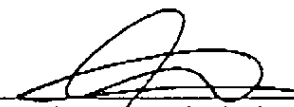
ARTICLE V: Effective date, if other than the date of filing: 05/17/2018 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

MANUEL A ANGULO

Typed or printed name of signee

Filing Fees:

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