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OFFICE USE OHLY (Document #) LAZARUS CORPORATE FILING SERVICE 3320 S.W. 87 AVENUE (Aldress) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) OFFICE USE ONLY CORPORATION NAME(5) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #1 (Corporation Name) (Document #1 (Comoration Name) (Document #1 Walk in Pick up time 2,60 Certified Copy Certificate of Status Will wait Photocopy Mail out AMENUMENTS NEW FILINGS Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other

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REGISTRATION/ QUALIFICATION
Foreign
 Limited Partnership
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Other

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Examiner's Initials

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

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is "T.L. SERVICIOS GENERALES LLC"

#### ARTICLE II - Address:

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

16518 N.E. 26 Ave. # 203

North Miami Beach, Florida., 33160

# ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

### LUQUE VAZQUEZ, Manuel

16518 N.E. 26 Ave. # 203

North Miami Beach, Florida., 33160

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.

Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

X The Limited Liability Company is to be managed by the following managers and is therefore, a manager - managed company.

- 1) LUQUE VAZQUEZ, Manuel.
- 2) LUOUE RAMIREZ, Margot, Isabel
- 3) LUQUE RAMIREZ, Willkins Tomás
- 4) LUQUE RAMIREZ; Antuanette Paola

-ALUQUÉ VAZQUEZ, Manuel

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

OI OCT 23 ANTI: 33
SECRETARY OF STATE
FALL ANA SSEE FLORIDA