

L03000017455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000018668050

05/15/03--01002--015 **155.00

RECEIVED
03 MAY 14 PM 3:46
STATE DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
03 MAY 14 PM 4:03
STATE DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

37

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

FILED
03 MAY 14 PM 14:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. JOHNSON INTERNATIONAL LLC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2.00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is: **JOHNSON INTERNATIONAL LLC**

ARTICLE II- Address:

The mailing address and street address of the [principal office of the Limited Liability Company] is:
"330 Washington Ave Homestead FL 33030"

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

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

Froilan Manuel Esparragoza

Name

181 RiverWalk Circle

Florida Street address (P.O. Box NOT acceptable)

Sunrise Fl 33326

City-State and Zip

Having been named as a 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.

ESPARRAGOZA

Registered Agent's Signature

ARTICLE IV- Management (check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

The Limited Liability Company is to be Managed by : **ORILAB C.A** a company from Venezuela
And on behalf of the Company Froilan Manuel esparragoza and Ana Isabel Politano will manage the Company.

(An additional article must be added if an effective date is requested)

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

Signature of a Member or an authorize representative of a member

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

Ana Isabel Politano

Typed or printed name of signee

FROILAN MANUEL ESPARRAGOZA

Typed or printed name of signee

FILED
03 MAY 14 PM 14 03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA