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Division of Corporations Public Access System

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: HUBCO : 104662003400

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LIMITED LIABILITY COMPANY

Miguel S. Lozano LLC

Certificate of Status	1
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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR

	ORIDA LIMITED LIABILITY COMPANY	
ARTICLE I - Name The name of the Limited Liability Comp	pany is: Miguel S. Lozano LLC	
ARTICLE II - Address		
The mailing address and street address of	of the principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
135 North 21st Street	135 North 21st Street	
Haines City, FL 33844	Haines City, FL 33844	
ARTICLE III - Registered Age The name and Florida street address of	nt, Registered Office & Registered Agent's Signature the registered agent are: Mignel S. Lozano	FILE MID 45
	Name	P
	135 North 21st Street	
	(P.O. Box or Mail Drop Box NOT Acceptable)	
	Haines City, FL 33844	
	(City / State / Zip)	
at the place designated in this certifue capacity. I further agree to comply w	ent and to accept service of process for the above stated limited cate, I hereby accept the appointment as registered agent and a lith the provisions of all statutes relating to the proper and comp and accept the obligations of my position as registered agent as	gree to act in this plete performance

Chapter 608, F.S.

miquel - S - Lozano Registered Agent's Signature - Miguel S. Lozano

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	anager(s) or Managing Member(s):	1,000,000,000,000,000,000,000,000,000,0
Title: "MGR" = Manager "MGRM" = Manager	s of each Manager or Managing Member is as follows: Name and Address: g Member	
MGR	Miguel S. Lozano-135 North 21st Street, Haines City, FL 338-	14
-		
(Use attachment if nec	essaty)	
REQUIRED SIGNA	ATURE:	
	MIGUE / - S - LOZONO Signature of a member or 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 fact stated herein are true.)	
	Miguel S. Lozano	
	Typed or printed name of signee	

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