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(Re	questor's Name)	<u>_</u>
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(Cit	y/State/Zip/Phone	#)
PICK-UP		MAIL
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LAZARUS CORPORATE FILING SERV	/ICE
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MIAMI, FL 33165 (305) 552-59	73
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CORPORATION NAME(S) & DOCUME	ENT NUMBER(S), (if known):
1. <u>CLAUDIO</u> CHAMI (Corporation Name)	SERVICES, LLC
2(Corporation Name)	(Document #)
3 (Corporation Name)	(Document #)
	(Documents)
4(Corporation Name)	(Document #)
4(Corporation Name)	(Document #)
B Walk in Rick up time 2.	(Document #)
B Walk in Rick up time 2.	(Document #)
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Walk in Area Area Area Area Area Area Area Area	(Document #) OO Certified Copy Photocopy Certificate of Status AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdr::wal

Examiner's Initials

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CLAUDIO CHAMI SERVICES, LLC.

ARTICLE II - Address:

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

2451, BRICKELL AVENUE, MIAMI, F. 33129 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: CLAUDIO

ity, State, and 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 the provision of 8, E.S..

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.

M. A. AiO

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

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.)

ped or printed name of signee

FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)