## L050000 63387

(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:	٦
Office Use Only	



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## LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

(Corporation Name)

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Pick up time

Will wait

Walk in

Mail out

**NEW FILINGS** 

Not for Profit

Limited Liability

Profit

SIMO PARO Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Document #) (Document #) (Document #) Certified Copy Photocopy Certificate of Status <u>AMENDMENTS</u> ■ Amendment Resignation of R.A., Officer/Director Change of Registered Agent

Domestication ■ Dissolution/Withdrawal Other Merger **OTHER FILINGS** REGISTRATION/QUALIFICATION ■ Annual Report Foreign ☐ Fictitious Name Limited Partnership Reinstatement Trademark Other **Examiner's Initials** CR2E031(7/97)

200

## COMPANY ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY CO **ARTICLE I - Name:** The name of the Limited Liability Company is: Direct Access Group 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:

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

Homestead FL 33030

City, State, and Zip

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

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

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

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Francisco CRUZ 1146 EAST MOWEY DR. # 102 Homestead, Fr. 33030
MCRM	Mayte Gonzalez 1146 E Howry Dr #102 Homestead, FL 33030
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.
REQUIRED SIGNATURE:	

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.)

Francisco CRUZ
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)