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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	
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LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

CR2E031(7/97)

MIAMI, FL 33165 (305) 552-5973

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•	Office Use Only	175 13 13 13 13 13 13 13 13 13 13 13 13 13
CORPORATION NAME(S) & DOCUM	ENT NUMBER(S), (if known):	Abre
	NE OF FLORIDA LLC	y
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Walk in Pick up time	Certified Copy	
Mail out Will wait	Photocopy	
NEW FILINGS	<u>AMENDMENTS</u>	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	
	Examinar's Initials	

ARTICLE I - Name: The name of the Limited Liability Company is: THE AUGULAR Stone of House and with the words "Limited Liability Company," Limited Company" or their abbreviation "LLC," or "LC,") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 13100 SW 139 Ct MISMITER STORMAND SW 139 Ct MISMITER STORMAND SW 139 Ct MISMITER SW 131 SC ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:

Name

8421 20 854 #10 |

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

4/Am; FL 33/26

City, 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 at registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV	- Manager(s)	or Managing	Member(s):
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MGP	13700 SOU 139 CF MIANT FC. 331BC	ri, Gapa
MGRN	HVALGERTO SANCLUZ 8421 NW 8 ST #101 MILTURI PC. 33126	<u>.</u>
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14		y
(Use attachment if necessary)		·-
	e date of filing: <u>October 23, 2014</u> . (OPTIO) be specific and cannot be more than five business d	

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.)

HUOYBERTS SANCLUS
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)