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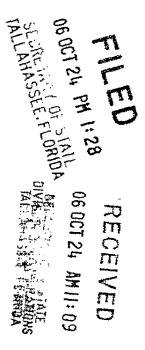
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer	
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Office Use Only



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## LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

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Examiner's Initials

Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Rick up time 2.06 Certified Copy Will wait ☐ Photocopy Mail out Certificate of Status **NEW FILINGS AMENDMENTS** Profit Amendment Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger **OTHER FILINGS** REGISTRATION/QUALIFICATION. Annual Report ☐ Foreign ☐ Fictitious Name Limited Partnership Reinstatement Trademark Other

CR2E031(7/97)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name:
The name of the Limited Liability Company is:

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
141 SEVILLA DUENUE	IAT SEVILLA DUENUE
Coem GABLES FL 33134	LORAL GARLES FL 33134
ARTICLE III - Registered Agent Registe	red Office, & Registered Agent's Signatury

(Must and with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

(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
Name

141 SEVILLA AVENUE

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

Conal Grales FL 33134

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

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" – Managing Me	Name and Address:
MGRM	CARLOS VALERA
···	LORAL GABLES FL 38134
MGRM	1
140/11/	105E VALERA IAI SEVILLA AVENUE
•	CORAL GABLES FL 33134
MGRH	KENNY KENDALL
	141 SEVILLA DUENUE
:	Corne Garbies, Fr 33134
;	
Use attachment if necessa	ry)
EV: Effective date if of	ner than the date of filing: (OPTION ate must be specific and cannot be more than five business date
fective date is listed, the d days after the date of filin	ng.)
fective date is listed, the d	γγ
fective date is listed, the d days after the date of filin	

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)

Page 2 of 2

CARLOS VALERA
Typed or printed name of signee