L06000/10086

(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:	
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Office Use Only



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LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-59	073	
	Office Use Only	
CORPORATION NAME(S) & DOCUM	ENT NUMBER(S), (if known):	
1. SURPING TIMES	LLC.	
(Corporation Name)	(Document #)	المست
2		06 SEAN
(Corporation Name)	(Document #)	西語
3.	,	DE NOV 14 1
(Corporation Name)	(Document #)	PH 1
		OF STATIONS ORPORATIONS PH 2: 04
(Corporation Name)	(Document #)	₽ %
Walk in Pick up time Mail out Will wait NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	Certified Copy Photocopy Certificate of Status AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other	:. ·

Examiner's Initials

CR2E031(7/97)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Surfines TIMES LLC. (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company's:
Principal Office Address: Mailing Address:
215 S+R AV. SaMa INDIALANTIC, FL. 32903
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: ALRERTO DEZA EFFECTIVE DATE
Name
215 STR AV. INDIAIANTILIFE
Florida street address (P.O. Box NOT acceptable)
FL , 32903
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 perfermance 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

The name and address of each Man		
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	**
MGRM	ALBERTO DEZA 215 STRAV. INDIALANTIO, FL. 32	_ <u>-</u> 2 <i>903</i>
MER	DIEGO EFFID 215 SIR AV. INDIALANTIC, FL.	- <u>=</u> 290
MGR	IMIRU ARAQUE 215 SIR AV INDIALANTIC, FL.	- 3290
•.		
(Use attachment if necessary)	,	
CLE V: Effective date, if other than teffective date is listed, the date must days after the date of filing.)	the date of filing:	IONAL) ss days p
	1 1	5
REQUIRED SIGNATURE:		1 AON 90
Signature of a med	a section 608.408(3), Florida Statutes, the execution enstitutes an affirmation under the penalties of perjury	06 NOV 14 PH 2: 04

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)