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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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DEFORMATION OF STATE DIVISION OF CORPORATIONS TALL AHASSEE FI ORIDA

RECEIVED

LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

CR2E031(7/97)

MIAMI, FL 33165 (305) 552-5973

PALLAMASSEE, FLORIDA

•	Office Use Only		
CORPORATION NAME(S) & DOCUM	MENT NUMBER(S), (if known):		
MARP	ARTY RENTA	7 6 1	
(Corporation Name)	(Document #)		
(Corporation Name)	(Document #)		
3			
(Corporation Name)	(Document #)		
(Corporation Name)	(Document #)		
Walk in Pick up time _	2.06 — Certified Copy		
Mail out Will wait	Photocopy Certificate of Status		
<u>NEW FILINGS</u>	AMENDMENTS		
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	#	
	Examiner's Initials		

ARTICLE I - Name: The name of the Limited Liability Company is: | Mailing Address: | Mailing Address: | Mailing Address: | P.O. Box 133033

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:

RANDY HERNANDEZ

Name

8059 PW 15187

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

WiARI FL BB 330/5
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

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _ (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)