## LU7000/0378

(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
M	

Office Use Only



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SECRETARY OF STATE
ALLAHASSEE F STATE

## **LAZARUS** CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

CR2E031(7/97)

MIAMI, FL 33165 (305) 552-5973	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
CORPORATION NAME(S) & DOCUMENT NUM RIFE CONTRACTORS	Office Use Only  IBER(S), (if known):  LINVESTMENTS ETL.C.
(Corporation Name)  2(Corporation Name)	Document #)
3. (Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
Walk in Pick up time 200  Mail out Will wait Photo	Certified Copy  Certificate of Status
Profit	DMENTS  nendment signation of R.A., Officer/Director ange of Registered Agent ssolution/Withdrawal orger
Annual Report Fictitious Name  Lin Re	reign mited Partnership minstatement ademark her
	Examiner's Initials

ARTICLES OF ORGANIZATION FOR	FLORIDA LIMITED LIABILITY EOMPANY
ARTICLE I - Name: The name of the Limited Liability Company	THE PORT OF THE PROPERTY OF TH
R. J. J. Contracto  (Must end with the words "Limited Liability Company,")	rs & Investments Liter Co.
ARTICLE II - Address:	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12431 S.W. 195 Terr.	12431 S.W. 195 Jerr.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Limite

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

Pablo I. Comez

Name

12431 5.W. 195 Text.

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

Miam; FL 33179

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 (RECURED)

(CONTINUED) Page 1 of 2

The name and address of each Manager	or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Manager	Pablo I. Comez 12431 Sw. 195 Terr. Miani Fla. 33177
Managing Momber	Lazaro J. Diaz 12431 S.W. 195 Terr. Migmi, Fl. 33179
Managing Member.	Eduardo Goillen 12431 S.W. 195 Terri Migmi, Fl. 33125
• • • • • • • • • • • • • • • • • • • •	
. (Use attachment if necessary)	
ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be s to or 90 days after the date of filing.)	ate of filing:
REQUIRED SIGNATURE:  Signature of a member-	of an authorized representative of a member.
of this document constitue that the facts stated her	on 608.408(3), Florida Statutes, the execution ates an affirmation under the penalties of perjury rein are true.)  One 2  ed or printed name of signee
970181 977	• •

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

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

\$ 5.00 Certificate of Status (Optional)