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(Re	equestor's Name)	
· (Ad	ldress)	<u> </u>
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	. MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE

TALLAHASSEE, FLORIDA FOR SUFFICIENCY OF STATE

DEPARTMENT OF STATE
B 13 PM 4: 31

LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Rick up time 1.08 Certified Copy Walk in Mail out Will wait Photocopy 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)

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

RAMON E. RIVAS

Name

2140 NW 20 ST \$ 5

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

Miami Fl Fl 33142

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 agents 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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	er
MGRM_	RAMON E. RIVAS.
V	RAMON E. RIVAS. 2140 NW 20 ST & 5 MIAMI FL 33142
MGRM	ALEXANDER MUT
	2140 NW 20 ST \$5 MIAMI FL 33142
(Use attachment if necessary)	
CLE V: Effective date, if other t	han the date of filing: (OPTIONA
effective date is listed, the date in the date in the days after the date of filing.)	must be specific and cannot be more than five business day
o ango moon one amo or mings,	
REQUIRED SIGNATURE:	
_	
Signature of a	member or an authorized representative of a member.

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)