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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	-)
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LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

CR2E031(7/97)

MIAMI, FL 33165 (305) 552-5973

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CORPORATION NAME(S) & DOCUM	MENT NUMBER(S), (if known):
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Walk in Pick up time	2.06	Certified Copy
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NEW FILINGS	<u>AMENDMENTS</u>	•
☐ Profit	☐ Amendment	
Not for Profit	Resignation of	R.A., Officer/Director
Limited Liability Domestication	Change of Region Dissolution/Wi	
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OTHER FILINGS	REGISTRATION/	QUALIFICATION
Annual Report	Foreign .	
☐ Fictitious Name	Limited Partner	rship
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.")

Mailing Address:

ARTICLE II - Address:

Principal Office Address:

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

18600 N.W 47AVE MIAMI GARDENS, FL 33055 MIAMI GAYJENS, FL 3320

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

NINO Garcia J.R.

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

Momi Garden S. Fl. 33055 City, Stute, and Rip

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 stantes 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" = Mane "MGRM" = Ma	nger Inaging Member	Name and Address:
MGR		NINO Garcia J.R. 18600 NW 47 AVE MIGMI Gardens Fl. 33055
MGR		MARIA GARCIA 18600 NW HT AVE MAMI GARDENS, FL 3305
	tif necessary)	
(Use attachmen	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·:
LE V: Effective fective date is li days after the c	e date, if other than the date must date of filing.)	ne date of filing: (OPTIONAl be specific and cannot be more than five business day
LE V: Effective Tective date is li	e date, if other than the date must date of filing.)	ne date of filing: (OPTIONA
LE V: Effective fective date is li days after the c	e date, if other than the date must date of filing.) IGNATURE:	ne date of filing: (OPTIONA
LE V: Effective fective date is li days after the c	e date, if other than the isted, the date must date of filing.) IGNATURE: Signature of a mem (In accordance with	be specific and cannot be more than five business day become an universal representative of a member. section 608,408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of periory

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$30.00 Cortifical Copy (Optional)
\$5.00 Certificate of Status (Optional)