

Division of Corporations

L07000014743

Page 1 of 2

Florida Department of State
Division of Corporations
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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : DAVID J. HART, P.A.

Account Number : I19990000143

Phone : (305) 577-9977

Fax Number : (305) 577-0095

FLORIDA/FOREIGN LIMITED LIABILITY CO

Endolap LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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07 JUL 19 PM 1:41
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: Endolap LLC**

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Hart

(Name of Person)

David J. Hart PA

(Firm/Company)

21 SE 1st Avenue, 10th Floor

(Address)

Miami, FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

David Hart

at (

305**577-9977**

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee☒ \$130.00 Filing Fee &
Certificate of Status☐ \$155.00 Filing Fee &
Certified Copy

(additional copy is enclosed)

☐ \$160.00 Filing Fee,

Certificate of Status &

Certified Copy

(additional copy is enclosed)

Mailing AddressRegistration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**Street/Courier Address**Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Endolap LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:4342 Foxtail Lane
Weston FL 33331**Mailing Address:**4342 Foxtail Lane
Weston FL 33331**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:

David J. Hart PA

Name

21 SE 1st Avenue, 10th Floor

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

Miami, FL 33131

City, State, and Zip

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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

(H07000184875 3)

(H07000184875 3)

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

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRMFrank David Marcano Obregon
4342 Foxtail Lane
Weston FL 33331MGRMCarlos Enrique Dominguez
4342 Foxtail Lane
Weston FL 33331

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ^{n/a} (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 that the facts stated herein are true.)

David J. Hart

Typed or printed name of signee

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)

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