## L07000082680

(Re	questor's Name	
(Add	dress)	
	dress)	
(Aut	uless)	
(City	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
	Single Falls N	
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	Certificate	s of Status
		$\overline{}$
Special Instructions to f	Filing Officer:	
$\sim$	<b>,</b>	$\wedge$
1	/	/
//.		
//		
		/ \
	] /	
V		_





900107513469

08/13/07--01908--015 \*\*155.00

RECEIVED

07 AUG 13 AH II: 03



## LAZARUS

## CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

OT NIG 13 PH 12: 58

**Examiner's Initials** 

Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) 2.00 Pick up time Walk in Certified Copy Mail out Photocopy Certificate of Status Will wait **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)

	ORIDA LIMITED LIABILITY COMPANY
ARTICLE 1 - Name:	Alton Me
The name of the Limited Liability Company is:	THE STATE OF THE S
QLIN SEARCH (Must end with the words "Limited Liability Company, "Limited	+.LLC SEG
(Most and with the words "Limited Liability Company, "Limite	ed Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7000 S.W. GQ AVENUE SUITE 402 SOUTH MIAMI, FLOWBA 33/43	rain.
Suite 402	
JULIA 1914MI, FUNDA 33/43	
The name and the Florida street address of the DANIEL Name	
7000 0 1 1 0	2 4 4 6 5 5 1 1 1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1
1000 S.W. 6	2 AVENUE, SUITE TOL
Florida street ad	2 AVESLUE SUITE 402 Idress (P.O. Box NOT acceptable)
	dress (P.O. Box NOT acceptable)  1. FL 33/43  and Zip
City, State,  Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	And Zip  accept service of process for the above stated limite this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of the service of th
City, State,  Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	And Zip  accept service of process for the above stated limite this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of cerformance of my duties, and I am familiar with and

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Man "MGRM" = M	ager anaging Member	Name and Address:
MGR	<del>*************************************</del>	DANIEL MADAL
		7000 S.W. 62 AVENUE, SUITE 40 SOUTH MIAMI, FLORIDA 33143
	<del>,</del>	
	•	
'. ' .		
(Use attachmen	nt if necessary)	
•	• /	date of filing:
CLE V: Effective date is	e date, if other than the	date of filing: (OPTIONAle specific and cannot be more than five business day
CLE V: Effective date is 00 days after the	e date, if other than the	date of filing: (OPTIONAL specific and cannot be more than five business day
CLE V: Effective date is 90 days after the	e date, if other than the listed, the date must be date of filing.)	date of filing: (OPTIONAL specific and cannot be more than five business day
CLE V: Effective date is 90 days after the	e date, if other than the listed, the date must be date of filing.)  SIGNATURE:	date of filing: (OPTIONAL especific and cannot be more than five business day
CLE V: Effective date is 90 days after the	ge date, if other than the listed, the date must be date of filing.)  SIGNATURE:  Signature of a member of this document constitution that the facts stated here.	r or an authorized representative of a member.
CLE V: Effective date is 00 days after the	se date, if other than the listed, the date must be date of filing.)  SIGNATURE:  Signature of a member of this document constitute the facts stated h	r or an authorized representative of a member.  etion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury erein are true.)
CLE V: Effective date is 90 days after the	Signature of a member of this document constitute that the facts stated here.	r or an authorized representative of a member.  etion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury erein are true.)