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DEPARTICATIONS
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TALLAMASSEE STLORIDA

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EXAMINER



LAZARUS CORPORATE FILING SERVICE 3320 SW 87TH AVENUE MIAMI, FL 33165 305-552-5973

CR2E031(7/97)

Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time _ Certified Copy ☐ Will wait Certificate of Status Mail out Photocopy **NEW FILINGS AMENDMENTS** Profit Amendment Resignation of R.A., Officer/Director Not for Profit Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger REGISTRATION/QUALIFICATION OTHER FILINGS Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other

Examiner's Initials

FAX NO. :3052201440

ARTICLES OF O	RGANIZATION FOI	R FLORIDA I	IMITED LIABII	ATY COMPANY PLANTS RESERVE TO SERVE T	
ARTICLE I - Na	ma,			25 0 T	
	imited Liability Compan	w io		7 % & 7	
The happe of the F	mitted Diatomity Compan	IY IS.		M CEE	
ParUsa Trad:	ing, LLC			75.72 3 'O	
, (M	usl and with the words "Limited	Liability Company,	'L.L.C.," or "LLC.")	—— (%) (%)	
·		, , , ,	,	20 % %	
ARTICLE II - AC				<i>'</i> ∕2€'	
The mailing address	ss and street address of the	he principal offi	ce of the Limited Li	ability Company is:	
Principal Office A	Address:	Mailing	Address:		
20301 S.W. 1	06th. Ave.,	SA	ME		
Cutler Bay,	Florida 33189				
The name and the l	Florida street address ofLisa M. Cardozo	the registered ag	gent are:		
	N	lame			
	20301 S.W. 106th	h. Avenue			
•	Plorida stre	et address (P.O. Bo	x NOT acceptable)		
	Cutler Bay	FL	33189		
	City, S	tate, and Zip		•	
liability compar registered agent ar statutes relating	ed as registered agent and ny at the place designated ad agree to act in this cap to the proper and comple gations of my position as	d in this certifica pacity, I further t te performance t	te, I hereby accept th agree to comply with of my duties, and I a	he appointment as h the provisions of all m familiar with and	
	U SE	Just	2		
	Registered Agent's S	ignature (REQUIR	ED)		

(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" = Mana "MGRM" = Mai		Name and Address:
MGRM		Lisa M. Cardozo
		20301 S.W. 106th. Ave.
		Cutler Bay, Florida 33189
MGRM	<u> </u>	Roxanna M. Cardozo
		20301 S.W. 106th. Ave.,. Cutler Bay, Florida 33189
		
		
	•	
	•	
(Use attachment	if necessary)	
ICLE V: Effective	date, if other than the ted, the date must be ate of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days p
ICLE V: Effective a effective date is lis 90 days after the d	date, if other than the sted, the date must be ate of filing.)	date of filing:
ICLE V: Effective a effective date is lis 90 days after the d	date, if other than the sted, the date must be ate of filing.) GNATURE: Signature of a member of a secondaric with secondaric with secondaric	e specific and cannot be more than five business days p of or an authorized representative of a member. otion 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury
ICLE V: Effective a effective date is lis 90 days after the d	date, if other than the sted, the date must be ate of filing.) GNATURE: Signature of a member of this document constitute the facts stated here.	e specific and cannot be more than five business days p by or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury terein are true.)

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)