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B. KOHR

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EXAMINER



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

Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) 2.00 Walk in Pick up time Certified Copy Photocopy Mail out Will wait Certificate of Status **NEW FILINGS** <u>AMENDMENTS</u> Profit Amendment Not for Profit Resignation of R.A., Officer/Director L 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

Examiner's Initials

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, "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: Mailing Address: Mailing Address: Mailing Address: 11501 NW 2st Apt 202 MIAMI F1 33172 MiAMI F1 33172
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: Lio A. Hornondo 2 Name N
Name 11501 NW 2st Apt 202 Florida street address (P.O. Box NOT acceptable) Marin Fl FL 33172 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 agent as provided for in Chapter 608, F.S Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	This Hornardez
	11501 NW 251 Apt 202
	MIAMI FI 33172
MGRM	Armando Ocoguera
	11501 NW 25t AD/202
	MIAMI F1 33172
MGRM	Maria Conde.
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	NIAM F1 33172
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LE V: Effective date, if other than fective date is listed, the date mus days after the date of filing.) REQUIRED SIGNATURE: Signature of a meg (In accordance with of this document to that the fects at the fects	nber 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)

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