Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000028236 3)))

H100000282363ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

: (305)552-5973

Fax Number

: (305)220-1440

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA/FOREIGN LIMITED LIABILITY CO.

ONE OF MANY LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

D. BRUCE EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

3052694377

H10000028236

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

One of Many LLL
(Must and with the words "Limited Liability Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
13350 SW 131 56 Serect 9866 SW 111 Terrace # 104 Ft 33186 Muni Ft. 33176
104 Miami Fl. 33186 Miami Fl. 33176
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Law Office of Denis Quintana For to
Name RA E O
207 East Livingston Street
Florida street address (P.O. Box NOT acceptable)
Orlando FL 32801 City, State, and Zip
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

PAGE 03/03

3052594377

p.2

H10000028236

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Memb	Name and Address:
MGRM	Andres R. Madrezo 9866 Sw 111 Tellace Michi Fl 33176
MGR	Jeannette Madrazo 9866 Sw III Tellace Mtami FL 3306
(Use attachment if necessary)	
LE V: Effective date, if other Rective date is listed, the date	than the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior
LE V: Effective date, if other Rective date is listed, the date	than the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior
LE V: Effective date, if other feetive date is listed, the date days after the date of filing.) REQUIRED SIGNATURE	than the date of filing:
LE V: Effective date, if other frective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE. Signature of (in accordance of this document)	than the date of filing:
LE V: Effective date, if other frective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE Signature of (in accordance of this document)	than the date of filing:

Page 2 of 2