Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)61.7-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE,

Account Number : I20000000019
Phone : (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 LIMITED LIABILITY CO.

MiaStone & Associates LLC

CRETARY OF STATE CHARSSEE, FLORIDA

Certificate of Status 0
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Estimated Charge \$155.00

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EXAMINER

Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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Agent's Signature: ate an individual or another
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ptable)

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

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

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\$125.00 Filing	Signature of a ment (In accordance with of this document co that the facts state Cha.	section 608.408(3), Florida Statutes, the execution sustitutes an affirmation under the penalties of perjury ed herein are true.)

Page 2 of 2

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