Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number

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From:

Account Name

: LAZARUS CORPORATE FILING SERVICE.

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Phone

: (305)552-5973

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S. HAWKES

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Corporate Filing Menu

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H10000141982

Florida street address (P.O. Box NOT acceptable

M, RM1 FL 33185

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)
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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:

<u>Title:</u> "MGR" = Manager	Name and Address:	·
"MGRM" = Managing Me	Andres Gustaus 400150 152 PC MIAMI, FL 33185	S07 = 3
- · ·		
(Use attachment if necessary	ary)	
ARTICLE V: Effective date, if of (If an effective date is listed, the of to or 90 days after the date of filing	late must be specific and cannot be more than five b	(OPTIONAL) pusiness days prior
REQUIRED SIGNATUI		-
_	e of a member or an authorized representative of a member	
of this do that the	dance with section 608.408(3), Florida Statutes, the execution ocument constitutes an affirmation under the penalties of penjury facts stated herein are true.) Typed or printed name of signee	,

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