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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICER LINC

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)220-1440

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Email Address:

FLORIDA LIMITED LIABILITY CO. MOVIL SHOP IMPORT, C.A. LLC

Certificate of Status

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMIT	ED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
MOVIL Shop Import, (Must and with the words "Limited Liability Company, "L.L.C.,"	C.A. LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Addres	ZS 28
1331 BRICKEIL BAY UNIT 1009 MIGMI FC 33/31	SECRETARY TAIL LAHASSE
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Registered Agent. You must debusiness entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are	
MARLOND MAI	quez
1331 BRICKETT BAY UNIT 1009 Plorida street address (P.O. Box NOT acceptable)	
Miami FL 33/31	

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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) ' REQUIRED SIGNATURE: Signature of a member of an anthorized representative of a member. (In accordance with accion 608.408(3), Florida Statutes, the execution of this document equations as affirmation under the penalties of perjury that the facts stated herein are true.) Typed or printed name of signee

Filing Fees:

5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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