

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORFORATE FILING SERVICE,

Account Number : 120000000019

: (305)552-5973

Fax Number

Phone

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**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. RWRS SAENZ, L.L.C.

Certificate of Status

0

Certified Copy Page Count

03

Estimated Charge

\$130.00

1

EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	_
ARTICLE I - Name: The name of the Limited Liability Company is:	OJJOTYE DATE
	The state of the s
(Must end with the words "Limited Ltability Company, "L.L.C.," or "LLC.")	
(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 Liabilit	y Company is:
Principal Office Address: Mailing Address:	,
9743 NW 30th Street 9743 NW 30th 3 DOFAL, FL 33172 DOFAL, FL 331	5 treet
Dotal, FL 33172 Dotal, FL 331	2 <i>Z</i>
	~
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Sign (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual obusiness entity with an active Florida registration.)	lature: ranother
The name and the Florida street address of the registered agent are:	د بریاست
Roper A. Soenz	ALC O
Name	
Roger A. Saenz Name 9743 NW 30 m 5 New t Florida street address (P.O. Box NOT acceptable)	10 DEC 13 AM SLOWELLARY OF TALLAHMSSEE, F
Florida street address (P.O. Box NOT acceptable)	Fig. 7
Darley 51 33/72	TIO OS
DORAL FL 33/72 City, State, and Zip	8: 59 STATE
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the appreciatered agent and agree to act in this capacity. I further agree to comply with the statutes relating to the proper and complete performance of my duties, and I am fan	pointment as provisions of all niliar with and
accept the obligations of my position as registered agent as provided for in Chapt	er ova, r.s
ff what has been seen as the s	
Registered Agent's Signature (REQUIRED)	
(CONTINUED)	

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H10000266933

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Roger A. Saenz 9743 NW 30th Street DOEAL, FL 33172
MURM	Waleska SAENZ 9743 NW 30th Strent DORAL, FL 33172
MGR	PORER JOSE SGENZ 9743 NW 307 57REPT DOLAL FL 331/2
MGR	5ebastion Andre Soens 9743 NW 307 Street DOLAL, FL 33172
(Use attachment if necessary)	-
fective date is listed, the date must in days after the date of filing.)	
fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	
fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a meant (In accordance with section 60 constitutes an aftermation und I am aware that any false inforconstitutes a third degree felor	Description and cannot be more than five business day per or an authorized representative of a member. 28.408(3), Florida Statutes, the execution of this document are the penalties of perjury that the facts stated herein are true, remation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)
fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a meant (In accordance with section 60 constitutes an entirmation und I am aware that any false inforconstitutes a third degree felor	be specific and cannot be more than five business day see or an authorized representative of a member. 28.408(3), Florida Statutes, the execution of this document are the penalties of perjury that the facts stated herein are true. The mation submitted in a document to the Department of State.
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5 5.00 Certificate of Status (Optional)