#### Florida Department of State

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.

(((H11000039346 3)))



H110000393463ABC.

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) 637-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 12000000019
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. TECFLOW GROUP LLC

RECEIVED
11 FEB 14 PM 3: 18
SECRETARY OF STATE
ALLAHASSEE. FLORIDA

Certificate of Status 1
Certified Copy 0
Page Count 03
Estimated Charge \$130.00

11 FEB 14 AM 10: 10
SECREPARY OF STATE
ALLAHASSEF FINDINA

**B. BOSTICK** 

Electronic Filing Menu

Corporate Filing Menu

Help

FEB 1 5 2011

**EXAMINER** 

### H11000039346

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Nam The name of the Lin	ee nited Liebility Company	y is:	
TECFLOU		ر	
₹M@	d and with the Words "Liquidal I	Liability Company, "L.L.C.," or "(.L.C.,")	
ARTICLE II - Add The mailing address		ne principal office of the Limited L	jability Company is:
Principal Office Address:		Mailing Address	
6102 SW 163 AVE Miami 72 33193		6102 8W 16	3 HVF
(The Limited Liability Cor business amily with an a	ripany caracterive as its own losve Florida registration.)  Torida street address of the HUGO A	ered Office, & Registered Agent Regissered Agent. You must designed an indi the registered agent are: 11135	IT FEB IS A
	14335 SW 1		F.S. S.
		et address (P.O. Box NOT acceptable)	22 <u>:</u>
	Miani	FL 33186	DA OA
liability compar regintered agent an statutes relating t	ed as registered agent and op at the place designated al agree to act in this aag to the proper and comple	ly. Siste, and Zip  d to accept service of process for the d in this certificate, I hereby accept backy. I further agree to comply wi the performance of my duties, and I i registered agent as provided for in	the appointment as th the provisions of all am familiar with and

(CONTINUED)

Bogistered Agent's Signatule (REQUIRED)

Page 1 of 2

H11000039346

## H11000039346

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

Title: "MGR" = Manager "MGRM" = Manager	Name and Address:			
MGR	Lois A Bavanesco Carmen C. Bavanesco			
<u> </u>				
(Use attachment if necessary)				
ARTICLE V: Effective date, if other than the call of the date court be to or 90 days after the date of filing.)	apecific and causet be more than five but	gasse qui	ve prio	ır
REQUIRED SIGNATURE:	or an authorised representative of a sumpler.			
constitutes an affirmation under I am aware that any false inform constitutes a third degree folony	408(3), Floride Stanctes, the execution of this doesn the penalties of perjury that the facts stated berein trusted sufficient to the Department of an provided for in 1.817,155, F.S.)	ac ting		
Ty:	pod or printed ustrue of signice	LLAN	FEB	
Filing Frent,		1531 1531	=	e reminer
\$125.06 Filing like for Articles of Orga of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certifieds of Status (Optional	•	EE. FLORI	AM 10: 1	
	Page 2 of 2	ΕA	0	