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.

(((H120000382763)))



HI 20000382763ABC\$

	Doing so will generate another cover sheet.	2
To:		AH.
	Division of Corporations	
	Fax Number : (850)617-6383	မွ်ည
From:		ing a
	Account Name : LAZARUS CORPORATE FILING S	ERVICE, INC
	Account Number: I2000000019	
	Phone : (305)552-5973	≘ ≘ co
	Fax Number : (305)220-1440	Sill re

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. MANNY'S APPLIANCE REPAIR SERVICE LLC

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

A. LUNT

FEB 14 2011

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

H12000038276

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		EATT COMERCIA	
ARTICLE I - Name: The name of the Limited Liability Company is:			
Manny'S Appliance (Must end with the Words "Limited Liabili	REPAIR SE	RVICE LLC	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited I	Liability Company is:	
Principal Office Address:	Mailing Address:	70 X	
11510 SW 153 AVE MIAMI FL 33196	•	2FEB 3	7
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent ered Agent. You must designate an ind	r's Signature ividual or another	<u>ገ</u>
The name and the Florida street address of the re	egistered agent are:	<u>.</u> . —	
· Manuel Name	H. DIAZ		
	53 AVE ress (P.O. Box NOT acceptable)		
Miami City, State, a	FL 33196		
,	•		

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 (REOUIRED)

(CONTINUED)
Page 1 of 2

H12000038276

H12000038276

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

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

MGRM	MANUEL H DIAZ 11510 SW 153 QVE MIAMU FL 33190
· .	
	TALLAMA
	<u> </u>
(Use attachment if necessary)	TE AM CONTRACT OF THE CONTRACT
CLE V: Effective date, if other than the	e date of filing: (OPTIONAL) be specific and cannot be more than five business days

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Page 2 of 2