

L12000051497  
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.

((H12000100414 3)))



H120001004143ABCN

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) 617-6383

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC  
Account Number : I20000000019  
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:

12 APR 16 AM 11:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

FLORIDA LIMITED LIABILITY CO.  
MANNY LOPEZ LLC.

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

RECEIVED  
12 APR 16 PM 1:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
APR 17 2012  
EXAMINER

H12000100414

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Manny Lopez 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 Liability Company is:

Principal Office Address:

Mailing Address:

8004 NW 154 ST # 648  
Miami FL 33016

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Manny Lopez  
Name

8004 NW 154 ST. # 648  
Florida street address (P.O. Box NOT acceptable)  
Miami FL 33016  
City, State, and Zip

12 APR 16 AM 11:34  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED

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)

Page 1 of 2

H12000100414

H12000100414

**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" = Managing Member

MGRM

**Name and Address:**

Manny LOPEZ  
8004 NW 154 ST. # 648  
MIAMI FL 33016

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_


\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Manny LOPEZ  
Typed or printed name of signee

12 APR 16 AM 11:34  
FILED  
DEPARTMENT OF STATE  
TALLAHASSEE  
FLORIDA

H12000100414