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.

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To:		THE RE
	Division of Corporations	至分
	Fax Number : (850)617~6383	المرتزي المرتزي
From:		The gar
	Account Name : LAZARUS CORPORATE FILING SERVICE	E, INC. 🤣 🗷
	Account Number : 12000000019	9,5
	Phone : (305)552-5973	7/
	Fax Number : (305)220-1440	Ä
	the email address for this business entity to be use	

FLORIDA LIMITED LIABILITY CO. LUXURY TIMING LLC

 Certificate of Status
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 Certified Copy
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 Estimated Charge
 \$130.00

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:
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:
Highean Gardens Ti 33018
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 Floride registration.)
The name and the Florida street address of the registered agent are: Ourleano Valdes Name
11259 NW 88 ave
Haleah Garden 33018 City, State, and Zip
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
egistered Agent's Signature (REQUIRED)

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(CONTINUED) Page 1 of 2

H12000293751

		anager(s) or Manage ess of each Manager	ing Member(s): or Managing Member is as	follows:	14 M 8:00
	Title: "MGR" = Manager		Name and Address:		8.08
	"MGRM" = Manag	ing Member	Quillermo 1/259 NW Higlean GAR	Valdes 88 ave	일 - -
		 		33018	- -
		·			-
	(Use attachment if	necessary)			-
f an c			ate of filing: specific and cannot be more	, (OPTIC e than five business	
	REQUIRED SIGN	NATURE:	Parisian Lat		
	(In accordance with section	or an authorized representative on 608,408(3), Florida Statutes, it ites an affirmation under the pena- tein are true.)	the execution	
	•	Guiller	ed or printed name of signee	ll.	
	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)

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