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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.**			
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.**		Fax Number	: (850) 617-6383 ≥ 3
Phone : (305)552-5973 Fax Number : (305)220-1440 Enter the email address for this business entity to be used for fiftu annual report mailings. Enter only one email address please.**	From:		
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Electronic Filing Menu Corporate Filing Menu

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ARTICLE I - Name:

The name of the Limited Liability Company is:

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Bary Interior (Name and with the records "Limited Liability Company, the abbrevi	national Grou	ple	ا س ،
ARTICLE II - Address: The mailing address and street address of the prince		iny is:	
Principal Office Address:	Mailing Address:	DØ 100	
4320 Fox Halbu	4320 FOX Ha		
-, Miston, FL 3333L	weston Flag	3 1	· · · · · · · · · · · · · · · · · · ·
		- SS	7**
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as its own Registered bishness settly with an active Florida registeration.)		FE.FLE	C
The name and the Florida street address of the regi	istered agent are:	BR 29	•
Mery de	19 Estriella	S, , O"	
	Vame		
4320 FO	(Hallow	_	
Plorida street address (P	O. Box NOT acceptable)		
Mocton	- 22aal		

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 duttes, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S...

City,/State, and Zip

(CONTINUED)

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

Tkle; "MOR" = Manager	Name and Address:
"MGRM" = Managing Member MGR/HeSidu/H	Mary Jela-Estrella Waston, Fl 23231
•	
	SEGRETARY ALLABASSE
(Use attachment if necessary)	TS P
ICLE V: Effective date, if other than the date of filing:(OPTIONAL	
effective date is listed, the date must be ap 0 days after the date of filing.)	ecific and cannot be more than five business days pri-

REQUIRED SIGNATURE:

Signature of a member or an dutto fred representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes as affirmation under the penalties of perjury that the facts mare in the first mare in the facts mare in the facts of the fac

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