02

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.

(((H130001817783)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE,

Account Number: I2000000019

: (305)552-5973

Phone Fax Number

: (305)220-1440

**Enter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please Email Address:

FLORIDA LIMITED LIABILITY CO. ER GROUP LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help D. BRUCE

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compa	iny is:	
·		
· ER GROUP LLC		
(Must end with the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")	,
ARTICLE II - Address:		•
The mailing address and street address of	the principal office of the Limited Liab	ility Company is:
		• •
Principal Office Address:	Mailing Address:	
6728 NW 72 AVE MIAMI FL 33166	6728 NW 72 AVE MIAMI FL 3316	6
		_
		
ARTICLE III - Registered Agent, Regi	stored Office. & Registered Agent's S	ignature: , 🛌
The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)		
ousniess entity with an active Florida registration.)		
The name and the Florida street address o	of the registered agent are:	S C COMP
E	DILIA RICO	SE ₹ S
	Name	
672	8 NW 72 AVE	SI - C
<u> </u>	reet address (P.O. Box NOT acceptable)	3 1 -
N	` , /	→ :: · · · -
	ламі 33166	•
	AIAMI FL 33166 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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Title:	Name and Address:		
"MGR" = Manager "MGRM" = Managing Membe	er .		
		•	
MGRM	EDILIA RICO 6728 NW 72 AVE		•
	MIAMI FL 33166		
•			
		×	
	·		
			
		•	
(Use attachment if necessary)			
(Obe academon it necessary)			
LEV: Effective date, if other the	han the date of filing:	(OPTIO	NAL)
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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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