01/27/2032 3:50 14000014493 38 P.001/003 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. (((H14000217146 3))) H140002171463ABC-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. SEP Account Number : 12000000019 Phone : (305)552-5973 Fax Number ; (305)675-5944 5 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one arrii the PH LELS annual report mailings. Enter only one email address please. ** " A Email Address: FLORIDA LIMITED LIABILITY CO. 20 **YO SE LO LLEVO LLC** ö RECEVE Certificate of Status 1 Å 0 Certified Copy 4 SEP 16 03 Page Count \$130.00 Estimated Charge Corporate Filing Menu Electronic Filing Menu Roych Help

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

07/27/2032 23:50

The name of the Limited Liability Company is:

YO SE LO LLEVO. 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:

Mailing Address:

6823 W 36TH AVE APT 101

<u> HIALEAH. - FL. 33018</u>

Principal Office Address:	,	

6823 W 36TH AVE APT 101 HIALEAH -FL 33018

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Lisbility Company cannot serve as its own Registered Agent, You must designate an individual or snother business outity with an active Florida registration.)

The name and the Florida street address of the registered agent are: HERNANDO RAMIREZ Name 9072 NW 55 TH COURT Florida street address (P.O. Box NOT acceptable) SUNRISE FL 33351

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

Title:

Name and Address:

"MGR" = Manager "MGRM" = Managing Member

MANAGER	CAMILO RODRIGUEZ	
	7654 NW 88 WAY	
	TAMARAC, FL 33321	
MANAGER	CAROLINA MENESES	_
	6823 N 36TH AVE APT 101	
MANAGER	HERNANDO RAMIREZ	
	9072 NW 55 COURT	SE 14
	SUNRISE, -FL 33351	-5 <u>-</u> 5
		CRETA
		TARY ASS
		SEC 6
Use attachment if necessary)		LORID
		07 5
E V: Effective date, if other than the	e date of filing: SFPT 74 2014 (OPT	TORAL)

REOURED SIGNATURE: Signature of a member or an anthorized 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 tryo.) . oothe QUEZ Typed or printed pame of signee Filing Feest \$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 Received Time Mar.12. 7:19PM H14000217465