rida 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.

(((H14000247453 3)))



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)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Conil.	Address:			

FLORIDA LIMITED LIABILITY CO. CORPORACION EP LLC

1		
0		
03		
\$130.00		

Electronic Filing Menu

Corporate Filing Menu

Help

09/02/2032 05:25

08/01/2032 00:48

H14000247453 1.005/006

ARTICLES OF ORGANIZATION

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words Limited Liability Company,

CORPORACION EP

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability. Company is:

14335 SW 125 ST SATE ZIL Minni FL 33186

ARTICLE III - Registered Agent, Registered Office:
The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or unother business unity with an active Florida registration.)

GENERAL CONSUMOS SERVICES GLOW CORP.

S & 125 8 SWITE 211 MIATIC FC. 33186

The name and title of each person authorized to manage and control the Limited Liability Company:

MORM ELIZANGEL R PEROZO

Page 1 of 2

H1400024745

09/02/2032 05:25

09/01/2032 90:46

H14000247455

\$3360 P. 008 006

Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), 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.

ELIZANGEL

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

gnature (REQUIRED)

Page 2 of 2

H14000247

042114j12:03p