

FLORIDA Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850)617-6383

**From:**

Account Name : CLARA GIRALDO, P.A.  
Account Number : I19990000017  
Phone : (305)485-9300  
Fax Number : (305)485-1098

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

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**FLORIDA LIMITED LIABILITY CO.  
LIFTCO, LLC.**

Certificate of Status	1
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RECEIVED  
15 MAR 18 AM 10:00  
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2015 MAR 18 PM 12:42  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

MAR 19 2015  
J. ORRICE

H15 0000 677803.

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY  
OF**

**LIFTCO, LLC.**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**LIFTCO, LLC.**

**ARTICLE II - ADDRESS**

The principal office of the Limited Liability Company is:

**6001 NW 153<sup>RD</sup> ST # 207  
MIAMI LAKES, FL. 33014**

The mailing address shall be:

**6001 NW 153<sup>RD</sup> ST # 207  
MIAMI LAKES, FL. 33014**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE:**

The name and the Florida street address of the registered agent are:

**JOSE D. ARIAS ULLOA**

**6001 NW 153<sup>RD</sup> ST # 207**

Florida street address ( P.O.BOX NOT acceptable)

**MIAMI LAKES, FL. 33014**

City, State, and Zip

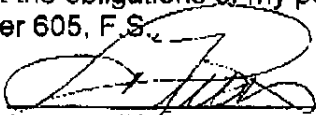
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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. 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 605, F.S.

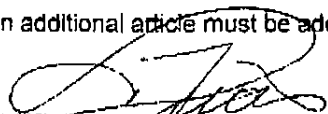
**REGISTERED AGENT'S SIGNATURE****ARTICLE IV- MANAGEMENT**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

**JOSE D. ARIAS ULLOA**  
**6001 NW 153<sup>RD</sup> ST # 207**  
**MIAMI LAKES, FL. 33014**

**MANAGER**

(An additional article must be added if an effective date is requested)



**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.)

**JOSE D. ARIAS ULLOA**

Typed or printed name of signee

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