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.

(((H16000014663 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)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 12000000019

Phone Fax Number : (305)552-5973 : (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.

Email Address:

FLORIDA LIMITED LIABILITY CO. BEST DEALS APPLIANCES LLC

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

Corporate Filing Menu

Help

	n	000001146	63
ARTICI	ES OF ORGANIZATION FOR	16 JAN	
FLORIDA LII	MITED LIABILITY COMP.	ANY SSE	771
ARTICLE I - Name: The name of the Limited Liabil	ity Company is: (Must end with the words "Limited	MC T	5
"L.L.C.," or "LLC.")	als Appliances	LLC	19
ARTICLE II - Address: The mailing address and street	address of the principal office of the Li	mited Liability	
Company is: 20515	NW 29 Ave	Threat Diability	
<u>Miami</u> (bardens, th 330	<u> </u>	
ARTICLE III - Registered A	gent. Registered Office: et address of the registered agent are: (The Limited Liebility	
Company cannot serve as its own Regist with an active Florida registration.)	ered Agent, You must designate an individual or an	other business entity	
70515 N	M MAYOBANEX LE	EDA	
Miami	GARDENS FL 32	050	
ARTICLE IV- The name and title of each per Liability Company:	son authorized to manage and control t	!	
ROSARIO	M Intriago de Co	SAIS (AM)	BR)
William	Mayobanex TETE	A (AMBR	1
4.	e.		
	Page 1 of 2		
	H 1 6	00001466	3
		1	

H 1 60000146 63 Required Signatures: 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 States-constitutes a third degree felony as provided for in s.817.155, F.S. Typed or printed name of signee 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, E.S.. Registered Agent's Signature (REQUIRED)