

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.

(((H16000027653 3)))



H180000276533ABC/

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 : I20000000019 : (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.

Email Address:

FLORIDA LIMITED LIABILITY CO. **DELFINO MANAGEMENT GROUP, LLC**

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

Electronic Filing Menu

Corporate Filing Mcnu

Help

H 16000027653

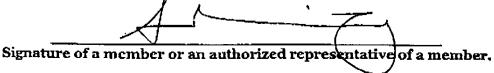
16 FEB -2 AM 11: 45

ARTICLE I - N	ame:
The name of the	Limited Liability Company is: (Must end with the words "Limited Liability Company,
L.L.C., " or "LI,C.")	1 10. 11 1
	Delfino Management Giver uc

<u>ARTICLE II - A</u>	ddress:
	ress and street address of the principal office of the Limited Liability
Company is:	8317 In 84th Tarace
	i41ami 1 + 33143
-	
ARTICLE III •	Registered Agent, Registered Office:
The name and t	he Flands etreat address of the registered agent are: Che Limited Liability
Company sennot serv	e as its own Registered Agent. You must cesignate an individual or another business entity
with an active Florida	
•	Anthony Henriquer
	8317 Ju 84th Tewace
	MINUM 1 th 33143
	
ARTICLE IV-	
The name and t	itle of each person authorized to manage and control the Limited
Liability Compa	
•	Anthony Henriquez - Authorized Manny
	A Maria and a second
	o futhorized Hanry
•	

H16000027653

Required Signatures:



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.

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, F.S..

Registered Agent's Signature (REQUIRED)

Page 2 of 2