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Division of Corporations

Fax Number

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 12000000019
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## FLORIDA LIMITED LIABILITY CO. VOLTENSES 5 STAR, LLC

Certificate of Status	1
Certified Copy	0
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	ICI	.E. (	- 1	Name:
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The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "L.L.C.," or "L.L.C.,"

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

5740 SW 3 ST MIAMI, FL 33144 5740 SW 3 ST MIAMI FL 33144

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

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

DAVID LAZARO VALDES

Nama

5740 SW 3 ST

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

<u>MIAMI</u>

<u>FL 33144</u> Zip

City

Having been named as registered agent and to accept service of process for the above stated limited liability company of 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 Agen's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

168 -9 PHIS

SEDICTERY OF STATE

#4722 P.003/003

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Title:	Name and Address:
"AMBR" = Authorized Member	•
"MGR" = Manager AMBR	DAVID LAZARO VALDES
	5740 SW 3 ST
	MIAMI.FL 33144
•	
·	
(Use attachment if necessary)	i .
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