Division of Corporations Electronic Filing Cover Sheet

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(((H16000059849 3)))



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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone : (305)552-5973 Fax Number

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Email	Address:					
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FLORIDA LIMITED LIABILITY CO.

Ralex2, LLC

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

LAZARUS

H160000598**49**

Ralex2, LLC			
(Must	end with the words "Limited Lis	ability Company,	, "L.L.C.," or "LLC.")
LE II - Address:		•	
	eet address of the principal office	e of the Limited	Liability Company is:
Pri	ncipal Office Address:		Mailing Address:
		1284	10 S.W. 6 St.
12840 S.W. 6 S	l,		
Miami, FL 3311 LE III - Registered mited Liability Combusiness entity with	d Agent, Registered Office, & J	Mian Registered Agent.	mi, FL 33184 nt's Signature: You must designate an individual o
Miami, FL 3311 LE III - Registered mited Liability Combusiness entity with	d Agent, Registered Office, & I spany cannot serve as its own Re h an active Florida registration.) treet address of the registered ag	Mian Registered Agent.	it's Signature:
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Page 1 of 2

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\$ 30.00 Certified Copy (Optional) 5 5.00 Certificate of Status (Optional) H16000059849

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	5.0 M. L.
MGR	Mayra Toledo
	12840 S.W. 6 St.
	Miami, FL 33184
AMBR.	Raphael Toledo
a ser appropriate	12840 S.W. 6 St
	Miami, FL 33184
	17114(11), X D 00 10 T
,	
ective date is listed, the date must	e date of filing: <u>March 12, 2016</u> . (OPTIONAL) be specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the fective date is listed, the date must of filing.)	be specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will no
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