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.

Electronic Filing Cover Sheet

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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 Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944 Enter the email address for this busi	iness entity to be used for futures (16 JUL 26 PM
- 5e - :	Email Address:		•••
JUL 26	FLORIDA LIMITED EE&G MANAGE	LIABILITY CO.	-
20.	FLORIDA LIMITED	LIABILITY CO.	
JUL 26	FLORIDA LIMITED EE&G MANAGE	LIABILITY CO.	
JUL 26	FLORIDA LIMITED EE&G MANAGE Certificate of Status	LIABILITY CO. EMENT LLC.	

Electronic Filing Menu

Corporate Filing Menu

Help



H16000179451

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name;	
The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company,	
"L.L.C.," or "LLC.")	
EERG MANAGEMENT LLC.	
, ZZZ, ZZZ, ZZZZ, ZZZZ, ZZZZZ, ZZZZZZZZ	
ARTICLE II - Address:	
The mailing address and street address of the principal office of the Limited Liability	
Company is: 910 NW 128 COURT	
WIAUI Fl. 33182	
MITAUL II. CO.	
ARTICLE III - Registered Agent, Registered Office:	
The name and the Florida street address of the registered agent are: (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.)	
Keven Gonez	Û
	-
910 NW 128 COURT TO	ij
MANI F1. 33182	J
<u>- 17/44/ / 1. 55/82</u> =	
ADDICE DE LA COMPANIA DEL COMPANIA DEL COMPANIA DE LA COMPANIA DE	
ARTICLE IV- The name and title of each person authorized to manage and control the Limited	
Liability Company:	
GIANCARIO Eleggaray AMBR	
J. J.	
Keren Gomez AHBR	
Never Gomes After	
•	

3052201440

FILED

SECRETARY OF STATE TALLAHASSEE FLORIDA

Required Signatures:

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. 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.

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..