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.

(((H16000229740 3)))



H16000229740348C+

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:

ö

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 1200000000019 Phone : (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. INVERSIONES PAZ LLC

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

B

SEP IS PMIC

Electronic Filing Menu

Corporate Filing Menu

Help

09/15/2016 14:22

22 3052201440

FROM : E

PHONE NO. : 3054082416

Sep. 21 2016 10:35AM P7

H16000229740

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.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
8811 SW 132 PL # 408	
88115W 132 PL # 408 DIAMI FL 33186.	

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:

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

TIAHI FL. 33186.

City State Zip

Having been named as registered agent and to accept service of process for the above stated limited Hability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I turther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I amiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

LAZARUS

PAGE 03/03

FROM : E

PHONE NO. : 3054082416

Sep. 21 2016 10:34AM P6

H16000229740

Iitle: "AMBR" = Authorized Member	Name and Address:
HMB/C	EDILIA PAZ.
	8811 3W 132 PC # 408 TIBMI
	Fr. 33186 U.JA.
AMBR	Amalia PAZ
(Ying attack)	
(Use attachment if necessary) E V: Effective date, if other than the	dute of filing: (OPTIONAL)
EV: Effective date, if other than the serive date is listed, the date must be of filling.) The date inserted in this block does not be a seried in this block does not be seried.	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the serve date is listed, the date must be of filling.) The date inserted in this block does a ment's effective date on the Departm	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the active date is listed, the date must be filling.) The date inscribed in this block does not be continued in the block does not be because the date on the because	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the active date is listed, the date must be of filling.) The date inserted in this block does a ment's effective date on the Departm E VI: Other provisions, If any.	e specific and cannot be more than five business days prior to or 90 not meet the applicable stantory filing requirements, this date will not sent of State's records.
E V: Effective date, if other than the active date is listed, the date must be of filling.) The date inserted in this block does a ment's effective date on the Departm E VI: Other provisions, If any.	e specific and cannot be more than five business days prior to or 90 not meet the applicable stantory filing requirements, this date will not sent of State's records.
EV: Effective date, if other than the fective date is listed, the date must be of filling.) If the date inserted in this block does nument's effective date on the Departm EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is explained and every that any	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not sent of State's records.
EV: Effective date, if other than the settive date is listed, the date must be of filling.) The date inscreed in this block does a ment's effective date on the Departm EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is explained and ware that any constitutes a third de-	a member or an authorized representative of a member. Each of state or an authorized representative of a member. Each of state or an authorized representative of a member. Each of state or an authorized representative of a member. Each of state or an authorized representative of a member. Each of state of state or an authorized in a document to the Department of State or a state of
EV: Effective date, if other than the settive date is listed, the date must be of filing.) I the date inserted in this block does a ment's effective date on the Departm. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is explain every that any constitutes a third de	a member or an authorized representative of a member, records with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, P.S.
EV: Effective date, if other than the factive date is listed, the date must be of filling.) If the date inserted in this block does a sement's effective date on the Departm. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of the document is every fact any constitutes a third definition.	a member or an authorized representative of a member, according to the second s

Page 2 of 2