PAGE 01/03

09/22/2016 13:00 ida Department of State

> **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.

(((H16000235971 3)))



H160002359713ABC1

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:

9

 $\ddot{\sim}$ 

 $\approx$ 

1.1.1 Cī.

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone : (385)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.\*\*

5 Email Address:

## FLORIDA LIMITED LIABILITY CO. V.I.P WINDOW CLEANING, LLC.

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

	6 SEP 22
FORME	8: 39

T HENDERSON

SEP 23 2016

Electronic Filing Menu

Corporate Filing Menu

Help

H16000235971

1/3

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is: (Mass end with the words "Limited Liability Company, "LLC," or "LLC.")

\_ V.I.P WINDOW CLEANING, LLC.

#### ARTICLE II - Address:

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

- 130 SW 19th ROAD MIAMI, FL 33129

### 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 Ravida registration.)

- NORMA LOPES 130 SW 1974 ROAD MIAMI, FL 33129

#### ARTICLE IV-

The name and title of each person authorized to manage and control the Limited Liability Company:

- NORMA LUCIA LOPES - (AMBR)

- POLLYANNA BASTOS DA COSTA - (AMBR)

POSANA LOPES DE CARVALHO-(AMBR)

Page 1 of 2

H16000235971

2/3

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.

NORMA LOPES
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)

16 STP 22 AH 8: 39

Page 2 of 2