Note: Please print this page and use it as a cover sheet. Type the fex audit number (shown below) on the top and bottom of all pages of the document.

(((H160002587073)))



Note: DO NOT hit the REFRESH/RELOAD button on your brown

	To:					
		Division of (
		Fax Number	: (850)617-638	1		
	From:					
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944					
5				ness entity to be used fo		
	anı			ness entity to be used fo y one email address pleas	e.**	
	anı	nual report mai			e.** 	
	anı	mual report mai	ilings. Enter only	y one email address pleas	e.** 2918 00	
	anı	iil Address:FLOR	ilings. Enter only	y one email address pleas	25% OC) 25% OC) 20	
	anı	iil Address:FLOR	ilings. Enter only	y one email address pleas	e.** 2918 00	
	anı	iil Address:FLOR	ilings. Enter only TOA LIMITED TA'S SNACKS	y one email address pleas	25% OC) 25% OC) 20	
	anı	FLOR MARGARI Certificate	CIDA LIMITED TA'S SNACKS of Status	y one email address pleas	2315 OC) 20 PM	
	anı	iil Address:	LIDA LIMITED TA'S SNACKS of Status	LIABILITY CO. AND VENDING LLC.	29% OC1120 PM 2:	

W16-071741

Electronic Filing Menu Corporate Filing Menu

Help

图点

H16000258707

FOR FLORIDA LIMITED LIABILITY COMPANY

The name	E I - Name: e of the Limited Liability Company is: (A	fust end with the words	s "Limited Liability Com	harri U
L.D.C., OF D	Margarita's Snacks		Vending	
	EII-Address: ing address and street address of the provis: 14745 See 82.	incipal office of	the Limited Liab	ility . 33[93
The nam	E III - Registered Agent, Registered and the Florida street address of the connot serve as its own Registered Agent. You must converted the Florida registration.)	registered agent	are: (The Limited Li al or another busines	iability s entity
	Margarita	Padi	119	70 F O
	Migmi	82 FL	33 193	20 CD CD C
ARTICI The nam Liability	EIV. se and title of each person authorized to Company: Margarita	manage and co	1	PM 2: 15
	J (AMB	sr)		
٠.				
4.				

Required Signatures:

H16000258707

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.,