

216000203347

Florida 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.

(((H16000273334 3)))



H160002733343ABC3

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 FILING SERVICE, INC.
Account Number : I20000000019
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.
OS SERVICES, LLC

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

16 NOV -4 PM 12:55

STATE
RECEIVED
NOV 16 2016

M. MOON

NOV 04 2016

Electronic Filing Menu

Corporate Filing Menu

Help

H16000273334

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OS SERVICES, LLC

(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:150 SE 25TH ROAD #3G
MIAMI, FLORIDA 33129150 SE 25TH ROAD #3G
MIAMI, FLORIDA 33129

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:

ANDREINA OCHOA

Name

150 SE 25TH ROAD #3GFlorida street address (P.O. Box **NOT** acceptable)MIAMIFLORIDA33129

City

State

Zip

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.

x Andreina Ochoa Soto
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

16 NOV -16 PM 12:55
SEE STATE
FILED

H16000273334

H16000273334

ARTICLE IV.

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

Title:**"AMB"** - Authorized Member**"MGR"** - Manager**MGR****Name and Address:****ANDREINA OCHOA****150 SE 25TH ROAD #3G****MIAMI, FLORIDA 33129****MGR****ANA CRISTINA LA PERA****150 SE 25TH ROAD #3G****MIAMI, FLORIDA 33129****MGR****RICARDO OCHOA****150 SE 25TH ROAD #3G****MIAMI, FLORIDA 33129**

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

NOTE: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any:**REQUIRED SIGNATURE:***x Andreina Ochoa Solis*

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1)(b), Florida Statutes. 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.

Typed or printed name of signee

16 NOV -4 PM 12:55

SEC. OF STATE
OFFICE OF THE
CLERK OF THE
STATE

H16000273334