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.

(((H16000273260 3)))



H160002732603ABC.

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 : (305)552-5973 Phone 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 Ac	14				
COMPLIANT AND	MITESS.			 	

FLORIDA LIMITED LIABILITY CO. HARLOP, LLC

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

NOV 0 8 2016

T. SCOTT

Electronic Filing Menu

Corporate Filing Menu

Help





044-011-090T

11/7/2018 12:14:12 PM PAGE 1/001 Fax Server



November 7, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: HARLOP, LLC REF: W16000075401

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

If you have any further questions concerning your document, please call (850) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section FAX Aud. #: #16000273260 Letter Number: 916A00023890

H16000273260

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR1	ITCI	R.I	- N	ame:

The name of the Limited Liability Company is: (Must and with the words Limited Liability Company, L.C.) or TLC?)

HARlop, UC

ARTICLE II - Address:

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

Minni, F/ 33186.

<u> ARTICLE III - Registered Agent, Registered Office:</u>

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 includual or another business entity with an active Florida registration.)

José Corenzo Lopez Pellerano 12328 Sw 132 et MIAMI, Fl 33186.

ARTICLE IV-

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

José Lorenzo Lopez Pellerano

ROSA Maria Beatriz Harper Saleta

Page 1 of 2

H16000273260

Required Signatures:

3052201440

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 berein 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.

Typed or printed name of some

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 adcept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

Registered Agent's Signature (REQUIRED)

Page 2 of 2