

Division of Corporations Electronic Filing Cover Sheet

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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

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Fmail	Address:			

FLORIDA LIMITED LIABILITY CO. CHAPLE AND ROSADO PROPERTY GROUP LLC

Certificate of Status	1
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Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	<u>I - Name:</u>		
The name o	of the Limited Liability Company is: (Must end with the words *Limited Liability Compan	y.	
	Chaple And Rosado Property Gro	n 1	
	THE FILE POSSIGN TOPELTY CITY	y gui	
	II - Address:		
	g address and street address of the principal office of the Limited Liabili	ty	
Company is	10) Higlegh Drive		
	Hialeah FL 33010		
The name Company cans	III - Registered Agent, Registered Office: and the Florida street address of the registered agent are: (The Limited Liabs not serve as its own Registered Agent. You must designate an individual or another business en Florida registration.)	ility ntity	
_	Lazara Manuel Chaple		
_	702 Higleah Drive		•
-	Higlegh FL 33010		
ARTICLE The name Liability C	and title of each person authorized to manage and control the Limited		291
	Lazaro Manuel Chaple		NV 1162
-	(AMBIZ)	55.	1 -
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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.

LAZACO CHAPLE

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 (REQUIRE)

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HYDOGUODILES