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.

(((H17000034943 3)))



H170000348433ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

	***************************************			 · ·	
To:					
		_			
į	Divîsion (of Corp	prations		

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \$ 100

Email Address:

FLORIDA LIMITED LIABILITY CO. SABER VIVIR & SOLUCIONES CORPORATIVAS C.A., LLC

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

N. SAMS

FEB 0 7 2017

Electronic Filing Menu

Corporate Filing Menu

Help

DocuSign Envelope ID: DECC921D-F228-418A-8E40-7A889FA601A8

H1700003494

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:

Saber Vivir & Soluciones Corporativas C.A., 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:

700 Lock Road #57 Deerfield Beach, FL 33442

700 Lock Road #57 Deerfield Beach, FL 33442

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered replace agent are replaced:

Nancy Beterzelian-Mechaileh

700 Lock Road #57 Deerfield Beach, FL 33442

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.

SCF00F4C3E484E9

03/02/2017

Registered Agent's Signature

(CONTINUED)
Page 1 of 2

H17000034943

DocuSign Envelope ID: DECC921D-F226-416A-8E40-7AB99FA601A6

H17000034943

ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Authorized Manager or Managing Member is as follows:

Title:

Name and Address:

MGR

NANCY BETERZELIAN-MECHAILEH

REQUIRED SIGNATURE:

A P

03/02/2017

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.)

Nancy Beterzelian-Mechaileh

Typed or printed name of signee

Page 2 of 2