

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.

(((H17000167433 3)))



H170001674333ABC%

| | | 77 | |
|-------|---|----------|----|
| To: | | - 2.7 | N |
| | Division of Corporations | , 20 | ယ် |
| | Fax Number : (850)617-6381 | 7.1 | |
| | · | <u> </u> | 2 |
| From: | | 1-62 | |
| | Account Name : LAZARUS CORPORATE FILING SERVICE, INC. | | = |
| | Account Number : 1200000000019 | , | 1 |
| | Phone ; (305)552-5973 | 1> | |
| | Fax Number : (305)675-5944 | - | |

FLORIDA LIMITED LIABILITY CO. 46 KAJU LLC.

RECEIVED

7 JUN 23 PM 3: 57

1985 NOT CONTROLS

EURE BRANTION SERVICES

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

JUN 2 6 2017 C Kinsey

Email Address:

06/23/2017 15:14 3052201440

H17000167433

FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: |
|---|
| The name of the Limited Liability Company is: Must end with the words Limited Liability Company |
| A6 KASU (CC. |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: |
| 14239 SW JOST == |
| ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liability Company connot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) |
| JOHN ENRIQUE GOMEZ PINENES. |
| Miami #L 33184. |
| ARTICLE IV- The name and title of each person authorized to manage and control the Limited Liability Company: JOHN EURIGUE COMEZ PINEAES |
| (AMBR) |
| |
| |
| |
| |

Required Signatures:

H17000167433

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..

Registered Agent's Signature (REQUIRED)