N7/12/2017 16:51



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.

(((H17000182515 3)))



H170001825153ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Familia				-23	
To:	Division of Cor Fax Number	rporations : (850)617-6381	CARTA	II JUH	<u>-</u> T
From:			(A)	2	1
	Account Name Account Number Phone Fax Number	: LAZARUS CORPORATE FILING SERVICE, : 1200000000019 : (305)552-5973 : (305)675-5944	DF STATE	AH II: 2	(1) (D

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. SENTRA CA LLC

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

H17000182515

ARTICLES OF ORGANIZATION

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end units the words Limited Liability Company "L.L.C.," or "L.L.C.")

SENTRA CA LLC

ARTICLE II - Address:

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

11549 NW 62ND TERRACE APTO 931 DORAL FL 33178

ARTICLE III - Registered Agent, Registered Office:

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 Individual or another business entity with an active Plorida registration.)

ANDRES Eloy GONZALEZ MARTÍNEZ 11549 NW 62ND TERRACE APTO 431 DORAL FL 33/78

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

ANDRES ELOY GONZAlez MARTINEZ (AMBR)

附7000182515

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.

ANDRES ELOY GONZAEZ MARTINEZ
Typed or printed name of signce

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.Sg.

Registered Agent's Signature (REQUIRED)

Page 2 of 2