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.

(((H17000210978 3)))



H170002109783ABC2

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 Number : 120000000019

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Fax Number

Phone : (305)552-5973 : (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	Address:		

FLORIDA LIMITED LIABILITY CO. EVELYN'S PARADISE LLC.

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

850-617-6381

8/10/2017 10:23:59 AM PAGE

1/001 Fax Server



August 10, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: EVELYN'S PARADISE LLC

REF: W17000065542

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.

Jose's last name is not legible.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Neysa Culligan Regulatory Specialist II FAX Aud. #: H17000210978 Letter Number: 317A00016342

H17000210978

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I The name of LLC.;	- <u>Name:</u> the Limited Li	ability Cor	npany is: Must	end with the words	"Limited Liab	olity Company	y.
	EVE LYN	5 PA	nadise				
ARTICLE II The mailing a Company is:	- Address: ddress and st	reet addre	ss of the princ		the Limite	ed Liabilit	•
	14903	34/	58 752	MIAMI	FL	<u> 7</u> 7/8.	3 ,
					<u></u> -		
The name an	I - Registere d the Florida serve as its own R orida registration	street addi	ess of the regi	stered agent	are: (The Li al or another	imited Liabil business en	inj tity
	JOSE A		Jun	co			
ار 	1465		93	Ter			
	Mian		FL	15E	83		
ARTICLE IN The name and Liability Com	d title of each pany:		chorized to ma	_			
	EVE/YN	M	ARLIAL		am(315)	
_			-			 :	*, •
							î.
						·	
						 .	.
			Page 1 of 2	n 4 4 2 70	0.000		.:i
			-	11 1	0002	1097	8

H17000210978

Required Signatures:

Signature of a member or a authorized representative of a member.

In accordance with section 60, 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.

Torc A. Junco

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 Signature (REQUIRED)