

01/28/2018

04:08

8:22:14

LAZARUS

PAGE 01/03

L18000005833

Florida Department of State
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.

((H18000009474 3)))



H180000094743ABC0

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 Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (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.
MARYFRED ENTERPRISES LLC.

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

C RICO
JAN 08 2018

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

JAN 8 2018

ARTICLES OF ORGANIZATION OF MARYFRED ENTERPRISES LLC

ARTICLE I NAME

The name of the Limited Liability Company shall be:
MARYFRED ENTERPRISES LLC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:
4351 NW 7th Street Miami FL 33126

ARTICLE III PURPOSE

This company shall have perpetual existence and may engage in any and lawful business under the laws of the United States in the State of Florida.


ARTICLE IV MAILING ADDRESS

The mailing address for all correspondence will be:
8181 NW 36th Street Suite 22 Doral FL 33166

ARTICLE V REGISTERED AGENT

The name and Florida Street address of the initial registered agent is:
MARIA AGUILA PARDO 8181 NW 36th Street Suite 22 Doral FL 33166

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 register agent as provided for in Chapter 605, F.S.


Registered Agent's Signature

ARTICLE VI MEMBERS

MARIA AGUILA PARDO - MANAGER MEMBER
ALFREDO REYES LEMUS - AUTHORIZED MANAGING MEMBER

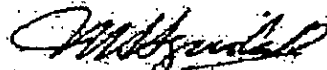
2018 JAN -8 PM 1:51

ARTICLE VII ORGANIZER

The name and address of the person signing these articles is:

MARIA AGUILA PARDO – MANAGER MEMBER
8181 NW 36th Street Suite 22 Doral FL 33166

IN WITNESS WHEREOF, the undersigned member has executed these Articles of Organization, in compliance with Chapter 605 of the Florida Statutes, this 1st day of January of the year 2018.



MARIA AGUILA PARDO.
Manager Member

CERTIFICATION

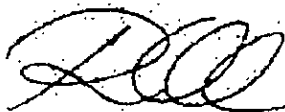
STATE OF FLORIDA

ss

COUNTY OF DADE

*BEFORE ME, A Notary Public authorized to take acknowledgements in the state and county set forth above, personally appeared **MARIA AGUILA PARDO** to me and known by me to be the person who executed the foregoing Articles of Organization.*

IN WITNESS WHEREOF, I have hereunder set my hand and affixed my official seal, in this state and county aforesaid on this 1th Day of January of the year 2018.



NOTARY PUBLIC
My Commission expires: May 19, 2020



ROBERTO SIACHIO
MY COMMISSION # FF 090643
EXPIRES: May 19, 2020
Provided Through Notary Services