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.

(((H17000332677 3)))



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 : 120000000019

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.

## D CARGA LLC

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

C RICO

!JAN 0 9 2018

Electronic Filing Menu

Corporate Filing Menu

Help

ARUCLESOE	ORGANIZATION FOR	RFLOREIA LEVETEDILIA	BILITY COMPANY	
ARTICLE I - Name:			,	
be name of the Limited Liabilit	v Comminuis.		!	
	y company is:		i	
	<del></del>	CARGA LLC		
(Must cont	ain the words "Limited	Liability Company, "L.J.	.C.," or "LLC.")	
RTICLE II - Address:				
he mailing address and street at	idress of the principal	office of the Limited Liah	hity Company is:	
Princips	Office Address:		Mailing Addres	<u>15</u> :
4687 S.W. 183 AVE	ਂ ਆਪ ਸਦ	A297 5 Th	. 183 AVENUE	•
MIRAMAR FLORID			LORIDA 33029	
		I-IMBIA I	DOKIDA SOLO	<del></del>
•		,	<del>i</del>	
RTICLE III - Registered Age	nt Registered Ciffee	& Decisioned Amend's S	iam tura	
ha Pimirad t inhilim Commen	ar' vegares on clince	ot registered Agent an	reasture:	
he Limited Liability Company			inist designate an indi-	Argmet or
other business entity with an a	ctive Florida registrati	ion.)	;	
ha asama a sadaha Eta 29a sasada				
be name and the Florida street s	regress of the teststere	o agent are:	, <u>1</u>	
	NAHIR	FABIOLA VARGAS	,	
•	<del></del>	Name		
•	4600		:	
		S.W. 183 AVENUE	LL-S	
	riorida sireet andre	ss (P.O. Box <u>NOT</u> accept	abiej	
	MIRAMAR	FLORIDA	33029	
	City	State	Zip	
	-	•	-	
ving been named as registered a	gent and to accept seri	vice of process for the above	e stated limited liabilit	y company at th
ce designated in this certificate.				
her agree to comply with the pri				
familiar with and accept the obj				
,		Other Control	1	,-
			,	
		- Cettering	<del></del> :.	
	Dr-sie	tereo Agent's Signature (i	POTTRED)	
			Program,	
			į ,	

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" * Manager	MANTE CADIOT A MARCAC	Ĺ
AMBR	NAHIR FABIOLA VARGAS 4687 S.W. 183 AVENUB	<del></del>
	MIRAMAR FLORIDA 33029	
	DIRECTOR ( CONTROL CONTROL	<del></del>
		<u> </u>
		T T
	<del></del>	
(Use attachment if necessary)	• · · · · · · · · · · · · · · · · · · ·	ı
ffective date is listed, the date mos a of films )	t be specific and cannot be more than five busine	
TEV: Effective date, if other than affective date is listed, the date must be of filling.)  If the date inserted in this block document's effective date on the Department's	t be specific and cannot be more than five busine is not meet the applicable stampory filing requirem	ss days prior to or 90 (
TEV: Effective date, if other than affective date is listed, the date must be of filling.)  If the date inserted in this block document's effective date on the Department's	t be specific and cannot be more than five busine is not meet the applicable stampory filing requirem	ss days prior to or 90 (
TEV: Effective date, if other than affective date is listed, the date must be of filling.)  If the date inserted in this block document's effective date on the Department's	t be specific and cannot be more than five busine is not meet the applicable stampory filing requirem	se days prior to or 90 o
T.E.V: Effective date, if other than ffective date is listed, the date must a of filing.)	t be specific and cannot be more than five busine is not meet the applicable stampory filing requirem	se days prior to or 90 o
TEV: Effective date, if other than flective date is listed, the date must e of filing.)  If the date inserted in this block document's effective date on the Department's effective date on the Department's Other provisions, if say.  REQUIRED SIGNATURE:	t be specific and cannot be more than five bushes as not meet the applicable statutory filing requirement of State's records.	se day's prior to or 90 c
TEV: Effective date, if other than affective date is listed, the date must e of filling.)  If the date inserted in this block document's effective date on the Department's effective date on the Department's CLEVI: Other provisions, if suy.  REQUIRED SIGNATURE:	t be specific and cannot be more than five business not meet the applicable statutory filing requirement of State's records.  The specific and cannot be more than five business and the specific	as days prior to or 90 cents, this date will not a member.
The V: Effective date, if other than affective date is listed, the date must e of filing.)  If the date inserted in this block document's effective date on the Department's effective date on the Department's CLE VI: Other provisions, if suy.  REQUIRED SIGNATURE:  Signature This document is	the specific and cannot be more than five business not meet the applicable statutory filing requirement of State's records.  of a member or an authorized representative of executed in accordance with section 605.0203 (1) by false information submitted in a document to the	as days prior to or 90 cents, this date will not a member.
The V: Effective date, if other than affective date is listed, the date must e of filing.)  If the date inserted in this block document's effective date on the Department's effective date on the Department's CLE VI: Other provisions, if suy.  REQUIRED SIGNATURE:  Signature This document is	the specific and cannot be more than five business not meet the applicable statutory filing requirement of State's records.	as days prior to or 90 cents, this date will not a member.
The V: Effective date, if other than affective date is listed, the date must e of filing.)  If the date inserted in this block document's effective date on the Department's effective date on the Department's CLE VI: Other provisions, if suy.  REQUIRED SIGNATURE:  Signature This document is	the specific and cannot be more than five bushes as not meet the applicable statutory filing requirement of State's records.  of a member or an authorized representative of executed in accordance with section 605.0203 (1) my false information submitted in a document to the degree felony as provided for in s.817.155, F.S.  NAHIR PABIOLA VARGAS	as days prior to or 90 cents, this date will not a member.
TEV: Effective date, if other than flective date is listed, the date must e of filing.)  If the date inserted in this block do numerit's effective date on the Department's effective date on the Department's CALE VI: Other provisions, if suy.  REQUIRED SIGNATURE:  Signature This document is	the specific and cannot be more than five bushes as not meet the applicable statutory filing requirement of State's records.  of a member or an authorized representative of executed in accordance with second 605.0203 (1) by false information submitted in a document to the degree felony as provided for in s.817.155, F.S.	as days prior to or 90 cents, this date will not a member.
TEV: Effective date, if other than flective date is listed, the date must e of filing.)  If the date inserted in this block do numerit's effective date on the Department's effective date on the Department's CALE VI: Other provisions, if suy.  REQUIRED SIGNATURE:  Signature This document is	the specific and cannot be more than five bushes as not meet the applicable statutory filing requirement of State's records.  of a member or an authorized representative of executed in accordance with section 605.0203 (1) my false information submitted in a document to the degree felony as provided for in s.817.155, F.S.  NAHIR PABIOLA VARGAS	as days prior to or 90 cents, this date will not a member.