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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000145 : (305)444-4994 : (305)444-4977 Fax Number

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.

LAZSGARAGE, LLC

Certificate of Status Certified Copy 1 03 Page Count \$155.00 Estimated Charge

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ARTICLES OF ORGANIZATION FO	OR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
The fiame of the Elimited Flathing Company is.	
LAZSGARAGE, LLC	
(Must contain the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principa	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4264 SW 73 AVE	
MIAMI, FL 33155	
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its of another business entity with an active Florida registra	wn Registered Agent. You must designate an individual or
The name and the Florida street address of the registe	cred agent are:
LAZARO MARC	os En 🗲
	Name

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 faintliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Florida street address (P.O. Box NOT acceptable)

FL

State

4264 SW 73 AVE

City

MIAMI

33155

Zip

(CONTINUED)

Titl <u>e:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	1 + 2 + 0 O M A B C O C
<u>AMBR</u>	LAZARO MARCOS 4264 SW 73 AVE
	MIAMI, FL 33155
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
AMBR	RAFAEL CABRERA
	4264 SW 73 AVE
	MIAMI, FL 33155
, at p. 1.	
	
EV: Effective date, if other than the ctive date is listed, the date must	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90
ctive date is listed, the date must of filing.) the date inserted in this block does nent's effective date on the Depart	be specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not
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E V: Effective date, if other than the ctive date is listed, the date must f filing.) the date inserted in this block does nent's effective date on the Depart E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is a large aware that an	not meet the applicable stantiory filing requirements, this date will not ment of State's records. In a member of an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes. It is information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)