Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

ACCOUNT Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone

: (305)552-5973

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FLORIDA LIMITED LIABILITY CO. SF TOOLS & REPAIR LLC

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Estimated Charge	\$130.00

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ARTICLE I - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

- 2018 JUN 22 AM 9: 52

- SECRETARY OF STATE

SF Tools & Bepair LLC.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
3521 SW 87AVE MIAMI F/3B165
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 Florida registration.)
Anthony Marino Camejo
3521 SW 87 AVE
3521 SW 87 AVE Miami FL 33165
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
Anthony Marino Camejo (AMBR)

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document in accordance with section 605.0203 (1) (0), Floring 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. constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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

Registered Agent's Signature (REQUIRED)