

U4920165940

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.

((H18000197830 3)))



H180001978303ABC4

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.
DATARED GROUP, LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

2018 JUL 10 PM 3:27

COMMERCIAL
SERVICES

10

FLORIDA, FLORIDA

18 JUL 10 PM 2:24

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

DATARED GROUP, LLC

ARTICLE II: Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: Mailing Address:

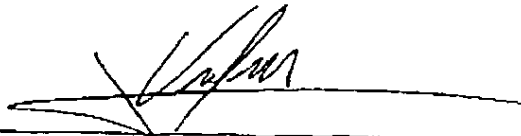
6475 SW 8 STREET
Miami, FL 33144

ARTICLE III: Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

VERONICA ANTEZANA M.
6475 SW 8 STREET
MIAMI, FLORIDA 33144

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 in Chapter 605 F.S.



Registered Agent's Signature

18 JUL 10 PM 2:24
TALLAHASSEE, FLORIDA

H18000197830

ARTICLE IV: Manager(s) or Managing Member(s)

The name and address of each manager or Managing Member is as follows:

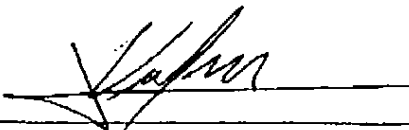
Title: Name and Address:

Manager	Veronica Antezana M. 6475 SW 8 Street Miami, FL 33144
Manager	David Karpov. 6473 SW 8 Street Miami, FL 33144
Manager	Silvana Mery Gonzales. 6475 SW 8 Street Miami, FL 33144

ARTICLE V: Effective date, if other than date of filing: July 2nd, 2018.

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

SIGNATURE:



Signature of a member or an authorized representative of a member

(In accordance with section 605 : 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 my 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)

VERONICA ANTEZANA M

Typed or printed name of signer