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Division of Corporations Fax Number ; (850)617-6381

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## ARTICLE II - Address:

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

2275 BISCAYNE BUVD STE1 MIAMI, FL 33137

## 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.)

CONTANTES NEFI PATRICIO 2275 BISCOYNE BLUD STE1, MIAMI, FL33137

## ARTICLE IV-

The name and title of each person authorized to manage and control the Limited Liability Company:

NEFI POTALCIO CONTADIESE AMBRI EDUARDO POBLO FLORES AMBR

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08/06/2018 15:07 3052201440 LAZARUS CORPORATE

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Require	<u>d Signatures:</u>		
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Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), 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 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.

NETI Pateicio Contratese Typed or printed name of signee

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

in Chanter 605, E.S.

Registered Agent's Signature (REQUIRED)

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