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To:

Division of Corporations

Fax Number

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From:

CARC ENTITE OF

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
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. ZAC CLEAN & REPAIR LLC

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SEP 27 2018

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPA

FEORI	DY PHAIL ED	LIABILI	Y COMPAN	SEP SEP
ARTICLE I - Name: The name of the Limited I	iability Company is			P 26 A
ZAC CLEAR	VEREP	AIIZ	LLC	
ARTICLE II - Address: The mailing address and s Company is:		· ·		Liability
5886 SW 16	2 path, A	liami,	II, 33193	
ARTICLE III - Registered The name and the Florida Company cannot serve as its own Reg with an active Florida registration.)	street address of thistered Agant. You must design	ie registered a gnase an individual	or another business entity	
5906 SW 16	2 path,	MAMI,	F1,33193	
5986 sw 16 Zachary	Acillo	Rodr	iguez	
ARTICLE IV The name and title of each Liability Company: (MGR	or AMBR)	•		<u>-</u>
ZACHARY	GRILLO	RODR	16UEZ.	(AMBR
		,		
		· · · · · · · · · · · · · · · · · · ·		

Required Signatures:

3052201440

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.

ZACHARY

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 Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)