

L18000229861

Florida Department of State
Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
FILCORM, LLC**

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September 28, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: FILCORM, LLC
REF: W18000086783

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The Registered Agents name does not have the (-) in the name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

FAX Aud. #: H18000282060
Letter Number: 918A00020257

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

ARTICLE I – Name: The name of the Limited Liability Company is:

Filcorm, LLC

ARTICLE II – Address:

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

Principal Office Address:

10836 NW 85th Ter
Doral, FL 33178

Mailing Address:

10836 NW 85th Ter
Doral, FL 33178

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

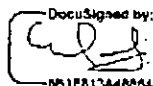
The name and the Florida street address of the registered agent are:

EILING FILARDO-MUJICA

10836 NW 85th Ter
Doral, FL 33178

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.

DocuSigned by:



0517813A4805400

Registered Agent's Signature

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV – Manager(s) or Authorized Member(s):

The name and address of each Manager or Authorized Member is as follows:

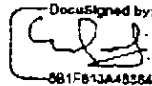
Title:

Name and Address:

MGR

Eiling Filardo - Mujica

REQUIRED SIGNATURE:

DocuSigned by:

001F813A4858400...

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.)

Eiling Filardo - Mujica

Typed or printed name of signee

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