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.

(((H18000323933 3)))



H180003239333ABC%

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 Mame : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 1200000000019

Phone Fax Number

: (305)552-5973 : (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.

FLORIDA LIMITED LIABILITY CO. WORLD CLOSEOUTS LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|---|--|
| WORLD CLOSEOUTS | 220 |
| ARTICLE II - Address: The mailing address and street address of the principal of Company is: | |
| 13263 SW 135 MIAMI FL 33. | AVE REST |
| MIAMIFL 33. | 186 35 |
| | EE ST 99 |
| ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered Company cannot serve as its own Registered Agent. You must designate an individual with an active Florida registration.) | agent are: (The Limited Liability or another business entity |
| EDUARDO HERNAM | VD∈Z |
| 13263 SW 135 | AU= |
| MIAMI FL 331 | 86 |
| ARTICLE IV The name and title of each person authorized to manage ar Liability Company: (MGR or AMBR) | ed control the Limited |
| EBUARDO HERNA | NDEZ (AMBR) |
| LUIS ANTONIO | (AMBR) |
| PAULINO PEREIR | Dos RAMOS |
| (AMBR) | |
| | |

Required Signatures:

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.

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, Eds.

Registered Agent's Signature (REQUIRED)

2018 NOV -9 AM 9: 44 SECRETARY OF STATE