11/14/2018 16:52 3052201440 LAZARUS CORPORATE PAGE 01/03 CORPORATE PAGE 01/03 CORPORATE Department of State Division of Corporations Electronic Filing Cover Sheet

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	Division of Corporations		
	Fax Number : (850)617-6381		
From:			
	Account Name : LAZARUS CORPORATE FILIN	G SERVICE, INC.	
	Account Number : <b>I200000000</b> 19 Phone : (305)552-5973		
	Fax Number : (305)675-5944		
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

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Stamp tattoo L2C

**ARTICLE II - Address:** 

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

7046 SW ZZnd St Manni FL. 33155

## 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 bustness entity with an active Florida registration.)

ROBERTO RAUL AVALOS	Trueba
7046 SW 22 ST	
Miami FL 33155	· · ·

## ARTICLE IV

The name and title of each person authorized to manage and control the Limited? Liability Company: (MGR or AMBR) Andres Corze (AMBR) Roberto Raul Avalos TRueba (AMBR)

Page 1

## 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.

KOBER 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)

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