

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.

(((H18000348470 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

TD;	Division of c.				
	Division of Co				
	Fax Number	: (850)617-6381			
From:					
	Account Name	: 1 AZARUS CORDONATE CTUTUS SERVICES	2 4	ŝ	
		: LAZARUS CORPORATE FILING SERVICE, INC. : 120000000019			
	Phone		- À 27	33	
		: (305)552-5973		8	•
	Fax Number	: (305)675-5944	<b>M3</b> -		
			ere i in		ø~
			<u> </u>		÷
**Ente	r the email add	ess for this business entity to be used for fut	47	20-	
ā	Mnual report ma	ilings. Enter only one email address please.**	ure	as -	
		indgs, thter only one email address please.**		35	$\Box$
E	mail Address:			••	×-, , , , , , ,
				S	

### FLORIDA LIMITED LIABILITY CO. RL EXPRESS USA LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

<u>?</u>•

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Conyany,



#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability

7451 RINIERA BIND SITE 146 MIRDUPR, FL 33083

# 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





ARTICLE IV-

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

Rouslyn Dips ( ANBR)

. ....

**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.

Rowlyn Diaz

Typed or printed name of signee

Having been named as registered agent and to accept service of process for the above stated as limited liability company at the place designated in this certificate, I hereby accept the place designated in this capacity. I further agree to comply with 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 duited, and I am familiar with and accept the obligations of my position as registered agent as provided for-

Registered Agens's Signature (REQUIRED) * EFFECTIVE DATE 01-01-2019	STATE STATE	95 :đi Av	jn Ci
A CITECTIVE DATE 01-01-2019			