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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.

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To:	Division of Comments.	<u> </u>
	Division of Corporations Fax Number : (850)617-6381	و اخرا
	(036)017-0361	_11
From:		(0)
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	ORIC
	Account Number : I20000000019	Ö.
	Phone : (305)552-5973	
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Fma	il Address;	

## FLORIDA LIMITED LIABILITY CO. **IGLESIAS & I CARRIERS LLC**

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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
IGLESIAS & I CANNIERS LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
2221 W 74TH TER HIALEAH.
FL 330/6
HA PR
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  with an active Florida registration.)
2221 W 74TH TER HIALEAH, FL 33016
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)  ISMEL I GLESIAS

## 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.

SMEL IGLE SIAS

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)