

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.

(((H19000164936 3)))



H190001649363ABC6

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

3052201440

Fax Number : (850)517-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019 Phone : (305)552-5973 Fax Number : (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.

Email	Address:		
-------	----------	--	--

FLORIDA LIMITED LIABILITY CO. YOEL NAIVI ISUZU TRUCK REPAIR, LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

K. PAGE

MAY 22 2019

ARTICLES OF ORGANIZATION FOR FLORIDA LILWIYED LIABILITY COMPANY

ARTICLE I - Name:

YOEL NAIVI ISUZU TRUCK REPAIR, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

905 SE 12ND ST

905 NE 12ND ST

HIALEAH, FL 33010

HIALEAH; FL. 33010

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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.)

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

YOELKYS CANETE DORTA

Name

905 SE 12ND ST

Florida street address (P.O. Box NOT acceptable)

HIALEAH

FL.

33010

City

State

Ζłρ

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 provide for in chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV -

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"AMBR":= Authorized Member

"MGR" = Manager

AMBR

YOELKYS CANETE DORTA

905 SE 12ND ST

HIALEAH, FL. 33010

(Use attachment if necessary)

ARTICLE VI: Other provisions, If any

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.