Flo<u>ri</u>da <u>Department</u>

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 Corporations

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: (850)617-6381

From:

Account Name : LAZARÚS CORPORATE FILING SERVICE, INC.

Account Number : 1200000000019 Phone : (305)\$52-\$973 : (305)675-5944 Fax Number

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		1

FLORIDA LIMITED LIABILITY CO. INVESTMAN & SERVICES FLEXIOFFERS LLC.

Certificate of Status	1
Certified Copy	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2010 (AY 30 AN 8: 3

ARTICLE I - Name:

The name of the Limited Liability Company is:

	l.
Investman & Servi	ces flexioffers LLC
ARTICI	LE II - Address:
	of the principal office of the Limited Liability
	mpany is:
2200 SW 147th	Path Miami Fl 33185
ADTYCI F III _ Daniet	ered Agent, Registered Office:
	ess of the registered agent are: (The Limited Liability
Company cannot serve as its own Registered Agen	t. You must designate an individual or another business entity
with an activ	e Florida registration)
Alfredo Antonio G	andica Varela
Time C	KILKIISIA VOICIO
2200 SW 147th B	Path Miami Fl 38185
	RTICLE IV
The name and title of each person at	uthorized to manage and control the Limited
7	pany: (MGR or AMBR)
Algoria anionia for	andica Vareia (AMBR)
HITEAU FIROU CI	Co.
Alfrono Enrigho G	andica Varela (AMBR)
THIRTIAL ELLIPS	C MAC N
Ali Francisco (somes Gonzalez (MGR)

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, If &

Registered Agent's Signature (REQUIRED)