## florida Department of Staff

Division of Corporations Electronic Filing Cover Sheet

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.

(((H19000212199 3)))



H190002121993ABC1

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

Fax Number

: (850)617-6381

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

enter tre email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Emaj.1	Address:
--------	----------

#### FLORIDA LIMITED LIABILITY CO. ORALE PANA MIAMI, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

C RICO JUL 12 2019

Electronic Filing Menu

Corporate Filing Menu

Help

PAGE 01/0¢

LAZARUS CORPORATE

## ARTICLE 1 - Name: The name of the Limited Liability Company is:

ORALB PANA MIAMI, LLC

(Flust contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Mailing Address:

7631 SW 157TH CT MIAMI, FL 33193

Principa! Office Address:

ARTICLE III - Registi red 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:

ISRAEL D. GOMEZ PINERO

Name

7631 SW 157TH CT

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

MIAMI FL 33193

City State Zip

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 are registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

07/12/2019 13:43 3052201440

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Titte: Name and Address: "AMBR" :: Authorized Member "MGR" = Manager MGR ISRAEL D. GOMEZ PINERO 7631 SW 157TH CT MIAMI, PL 33193 MGR JULIA J. SAEZ RIVAS 7631 SW 157TH CT MIAMI, FL 33193 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 07-10-2019 \_. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. ISRAEL D GOMEZ PINERO JULIA J SAEZ RIVAS Typed or printed name of signee

PAGE 04/04

# L19000 171377

### Florida Department of State

**Attention: New Filings Section** 

To.	whom	it	may	concern:
-----	------	----	-----	----------

This is to advise that the owners of

ORALE PANA MIAMI, LLC

TVISION OF CORPORATION

are the same owners of the attached articles. We have dissolved the company and have no intention of reopening it.

Thank you for your help in this matter.

Thanks.

ISRAEL & GOMEZ PINERO