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.

(((H19000260127 3)))



H190002801273ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

	Discipa of Company Alice	-4(A)
	Division of Corporations	20,000
	Fax Number : (850)617-6381	上声
From:		三元
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	AS
	Account Number : I200000000019	
	Phone : (305)552-5973	公司
	Fax Number : (305)675-5944	Tron .
		근골
nter an	the email address for this business entity to be used for fundal report mailings. Enter only one email address please.**	rturé ^{ri}
	and the state of t	

FLORIDA LIMITED LIABILITY CO. THETAN GROUP LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must and with the words Limited Liability Company, LLC, or LLC)

THETAN GROUP LLC

ARTICLE II - Address:

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

16330 SW 71 Terrace Miami, FL 33193

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (The Limit at Liability Company cannot serve as its own Registered Agent. You must designate an individual or another but incess entity with an active Florida registration.)

Gina Donado Convers. 16330 SW 71 Terrac

Miami , th 33193

ARTICLE IV-

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

Carlos Alvarez Arbouin - MGR

Gina Donado Convers - MGR

2019 AUG 29 AM 9

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.

Carlos Alvarez Arbouin
Typed or printed name of signee

Having been named as registered agent and to accept service of process for the at ove 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)