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

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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FLORIDA LIMITED LIABILITY CO. LA MAZETA, LLC

Certificate of Status	1
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Estimated Charge	\$130.00

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J DENNIS

SEP 1 3 2019

02/03

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

LA MAZETA, LLC

(Must 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:

Trumpat Office Address:	Maning Audr	<u> 77</u> :
10414 NW 64 TER	10414 NW 64 TER	· · · · · · · · · · · · · · · · · · ·
DORAL, FL 33178 US	DORAL, FL 33178 US	
	331012, 12 33112 33	

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:

CUSTODIO JM GOMES SILVA

Name

10414 NW 64 TER

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

DORAL

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 as registered agent as provided for in Chapter 505, F.S..

Registered Agent's Signature (REQUIRED)

(CÓNTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	CUSTODIO JM GOMES SILVA
,	10414 NW 64 TER
	DORAL, FL 33178
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I am aware that any false information submitted in a document to the Department of State

Typed or printed name of signee

constitutes a third degree felony as provided for in s.817.155, F.S.

09-11-2019