

**U900023672**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

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Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
FILMTECH PRODUCTS AND SERVICE, LLC**

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

J. FASON

SEP 30 2019

SEP 27 2019  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
20190927 14:34:30

ARTICLE I - ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FILMTECH PRODUCTS AND SERVICE, LLC

(Must end with 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:

Principal Office Address:

Mailing Address:

1950 NW 93rd AVE

SAME

DORAL, FL 33172

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:

ABRAHAM SOCHACZEWSKI

Name

1950 NW 93 AVE

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

DORAL

FL

33172

City

Zip

Having been named as registered agent and to accept service of process for the above stated Limited Liability company the person designated in this certificate, I hereby accept the appointment as registered agent and agree to act in that 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

Chapter 605, F.S.

Registered Agent Signature (PRINT)

(CONTINUED)

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SEP 26 2019 17:08  
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CLERK OF CIRCUIT COURT  
DADE COUNTY, FL

SEP-26-2019 17:08

VIGO &amp; VIGO, LLP

**ARTICLE IV**

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

**Title:**

"AMRR" - Authorized Member

"MGR" - Manager

AMBR

**Name and Address:**

ABRAHAO SOCHACZEWSKI

1950 NW 93 AVE

DORAL, FL 33172

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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 the date of filing.)

**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**

Signature of a member or authorized representative of a member.  
 (In accordance with section 605.0203 of the 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.)

ABRAHAO SOCHACZEWSKI

Typed or printed name of signor