

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.

(((H19000325217 3)))



H190003252173ABC/

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	VON NOV
	, , , , , , , , , , , , , , , , , , , ,	65책 1
From:		SSE +
Account Na	RE : LAZARUS CORPORATE FILING SERVICE, IN:	- 1 a -
Account Nu	mber : I20000000019	
Phone	: (305)552-5973	70; 72 m <b>ve</b>
Fax Number	: (305)675-5944	p. 1001
		္ မ
	dress for this business entity to be used for fu	

## FLORIDA LIMITED LIABILITY CO. SION INTERNACIONAL LLC

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

Electronic Filing Menu

Email Address:\_\_

Corporate Filing Menu

Help

**₩V 05202** 

T. SCOTT

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company,	
SION INTERNACIONAL LLC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:  7892 NW 113 PL  MIAMI FL 33178	-
ARTICLE III - Registered Agent, Registered Office:  The name and the Florida street address of the registered agent are: (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.)  DAVID JULIO BRICENO RODRIGUE  7892 NW 113 PL  MIAMI FL 33178	2
ARTICLE IV- The name and title of each person authorized to manage and control the Limited Liability Company:  (AMBR.)  DAVID TULIO BRICENO RODRIGUEZ	_
SELRETARY DE SILLAHASSEELE	3

## 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.

DAVID JUIO BRILL NO RODALGUE? 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 here by 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)