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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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

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## FLORIDA LIMITED LIABILITY CO. CASA LARIOS ON WHEELS LLC

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

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## ARTICLES OF ORGANIZATION

FOR				
FLORIDA LIMITED LIABILITY COMPANY $\stackrel{\simeq}{=}$				
[12]				
ARTICLE I - Name:				
The name of the Limited Liability Company is:				
CASA LARIOS ON Wheels LIC :				
CASA - PROPOS ON TO REETS INTO	_			
ARTICLE II - Address:				
The mailing address and street address of the principal office of the Limited Liability				
Company is:				
500 Alcazan Ave				
SOU ALCAZAN AVE				
Coest Gables, El 33/34				
ADTICLE III Desistant Ament Desistant Office				
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)				
Royd hemus				
500 Alcazga AVE				
Conal Gables, F/33/34				
ARTICLE IV				
The name and title of each person authorized to manage and control the Limited				
Lightlife Company (MCD or AMRD)				
Rayd Lemus (AMBR)				
	•			

## Required Signatures:



In accordance with section 605.0203 (1) (b), Florida Statutes, the execution (6 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 Depa: tment of State constitutes a third degree felony as provided for in s.817.155, F.S.

Koy hemus
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 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)