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Division of Corporations

Fax Number

Fax Number : (850)617-6381

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I2000000019 Phone : (305)552-5973

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

Email Address:__

FLORIDA LIMITED LIABILITY CO. ALEXIS TOWING SERVICE LLC

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

M SIMMONS

FEB 2 4 2020

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:

Alexis Towing Service LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
4440 W Floglea st apt 3 Miani FL 33134
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (1) is Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another dusiness entity with an active Florida registration.)
Lazaro Gonzalez TRIANA
4440 W FLAGIER ST apt 3
YYYO W FLAGIER ST apt 3 MIAMI FL 33134
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
LAZARO GONZALEZ TRIANA
(AMBR)

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.3.

LAZARD GONZALEZ TRIANA
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 herely 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 ager 2 as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)