Division of Corporations Electronic Filing Cover Sheet

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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

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. BIG HOPES LLC

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03
\$130.00

C RICO HAR 02 2020 LAZARUS CORPORATE

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PAGE 03

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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BIG HOPES LLC	st constin the words "Limited L	lability Company, "	L.L.C.," or "LLC.")
ARTICLE II - Address: The meiling address and s	street address of the principal of	fice of the Limited I	Liability Company is:
<u> P</u>	rincipal Office Address:		Meiling Address:
1501 SW 122 A	VENUE	1501 3	SW 122 AVENUE
UNIT 12		UNIT	12
MIAM, FL 3318 ARTICLE III - Register	and Agent Registered Office.	E Registered Agen	, FL 33184 t's Signature: (Au must designate an individual or
ARTICLE III - Register The Limited Liability Co another business entity v	and Agent Registered Office.	K Registered Agent. \ Registered Agent. \ \(\) \(\) agent are:	<u> </u>
ARTICLE III - Register (The Limited Liability Co another business entity v	red Agent, Registered Office, of ompany cannot serve as its own with an active Florida registration a street address of the registered	K Registered Agent. \ Registered Agent. \ \(\) \(\) agent are:	t's Signature:
ARTICLE III - Register The Limited Liability Co another business entity v	red Agent, Registered Office, of ompany cannot serve as its own with an active Florida registration a street address of the registered	& Registered Agent. \ Registered Agent. \ a.\) agent are:	t's Signature:
ARTICLE III - Register (The Limited Liability Co another business entity v	red Agent, Registered Office, of ompany cannot serve as its own with an active Florida registration a street address of the registered JULIO C. LAM GARCIA	& Registered Agent. \\ Registered Agent. \\ a.\) agent are: Nume	t's Signature: 'ou must designate an individua' or
ARTICLE III - Register (The Limited Liability Co another business entity v	red Agent, Registered Office, of ompany cannot serve as its own with an active Florida registration a street address of the registered JULIO C. LAM GARCIA	& Registered Agent. \\ Registered Agent. \\ a.\) agent are: Nume	t's Signature: 'ou must designate an individua' or

Having been named as registered agent and to accept survice 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)

(CONTINUED)

LAZARUS CORPORATE

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"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	JULIO C. LAM GARCIA
	1901 SW 122 AVENUE, UNIT 12
	MAXI, FL 23104
(Use attachment if necessary)	
T.E.V: Effective date, if other than the	e date of filing: FEBRUARY 21, 2020 (OPTIONAL)
Sective date is listed, the data must	be specific and cannot be more than five business days prior to or 90 di
e of films.)	
If the date inserted in this block does	not breet ble approache statutory filling requirements, this disa will not be
e of filing.) If the date inserted in this block does current's effective date on the Department.	ment of State's records.
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If the date inserted in this block does current's effective date on the Department's CLE VI: Other provisions, if any.	ment of State's records.

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate at \$2.00 Certificat

\$ 5.00 Certificate of Status (Optional)