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.

(((H20000074011 3)))

H200000740113AE	acp		20
Note: DO NOT hit the REFRESH/RELOAD bu Doing so will generate anot	atton on your bro ther cover sheet.	owser from this page.	
To:		(T)	
Division of Corporations			
Fax Number : (850)617-6381		<u> </u>	
From:		AMII: 37	
Phone : (305)552-5973 Fax Number : (305)675-5944  **Enter the email address for this business annual report mailings. Enter only on	s entity to be ne email addres	c n100ca ##	
Email Address:		3201	 او
		2820 HAR	•
FLORIDA LIMITED LL	ABILITY CO	).	
RJA & SS LI	ı <b>C</b>	AM II: 05	
Certificate of Status	1		ł
Certified Copy	0	<del></del>	ì
Page Count	03	<del></del>	
Estimated Charge			

\$130.00

03/05/2020

LAZARUS CORPORATE

THE REPORT OF THE PERSON PROPERTY.	MA LIMITED LIABILITY COMPANY
ARTICLE I Name:	
The name of the Limited Linbility Company is:	
NA & SS LLC	
(Must conatin the words "Limited Liabili	V Company "I I C " or "I I C "
ARTICLE II - Address:	2 - Thyddy, Bibliot, Or BBC. )
The multime additions — 1	
The mailing address and street address of the principal office of	f the Limited Liability Company is:
Principal Office Address:	Mailing Address:
92 EAST 10 ST APT 17	·—
MIAMI FL: 33010	92 EAST 10 ST APT 17
	MIAMI FL 33010
ARTICLE III - Registered Agent, Registered Office, & Registered Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	stered Agent's Signature: red Agent. You must designate an individual or
The name and the Florida street address of the registered agent a	ve:
REDEL DE JESUS ALVAR	EZ HENANDEZ
Name	

92 EAST 10 ST APT 17 Florida street address (P.O. Box NOT acceptable)

HIALEAH 33010 City State Zip

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.

(CONTINUED)

Title: "AMBR" = Authorized Member "MOR" = Manager	Name and Address:	
MGR	REDEL DE JESUS ALVAREZ HERNANDEZ	<del>_</del>
		<del></del>
		<del></del>
		<del></del>
		<del></del>
		<del></del>
		<del></del>
fective date is listed, the date must be	ate of filing: 03/04/2020 (OPTIONAL) specific and cannot be more than five business days prior to o	
LE V: Effective date, if other than the d Rective date is listed, the date must be	specific and caunot be more than five business days prior to out meet the applicable statutory filing requirements, this date without of State's records.	
LE V: Effective date, if other than the differtive date is listed, the date must be of filing.)  If the date inserted in this block does not amount's effective date on the Department.	specific and caunot be more than five business days prior to out meet the applicable statutory filing requirements, this date without of State's records.	
LE V: Effective date, if other than the diffective date is listed, the date must be of filing.)  If the date inserted in this block does not mem: a effective date on the Department. LE VI: Other provisions, if any.  ND ALL LAWFULL BUSINESS	specific and caunot be more than five business days prior to do meet the applicable statutory filing requirements, this date without of State's records.	
LE V: Effective date, if other than the diffective date is listed, the date must be of filing.) If the date inserted in this block does not memoral effective date on the Department's effective date.	specific and caunot be more than five business days prior to do meet the applicable statutory filing requirements, this date without of State's records.	
LE V: Effective date, if other than the diffective date is listed, the date must be of filling.) If the date inserted in this block does not unreat's effective date on the Department. LE VI: Other provisions, if any. ND ALL LAWFULL BUSINESS  REQUIRED SIGNATURE:	specific and caunot be more than five business days prior to do meet the applicable statutory filing requirements, this date without of State's records.	
LE V: Effective date, if other than the diffective date is listed, the date must be a filling.)  If the date inserted in this block does not memoral affective date on the Department.  LE VI: Other provisions, if any.  IND ALL LAWFULL BUSINESS  REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to out meet the applicable statutory filing requirements, this date without of State's records.	Il not be listed
LE V: Effective date, if other than the diffective date is listed, the date must be of filling.)  If the date inserted in this block does not amend's effective date on the Department of the De	of meet the applicable statutory filing requirements, this date without of State's records.  Intermediately an authorized representative of a member, equited in accordance with section 605.0203 (1) (b), Florida State also information submitted in a document to the Department of	Il not be listed
LE V: Effective date, if other than the diffective date is listed, the date must be of filling.)  If the date inserted in this block does not amend's effective date on the Department of the De	specific and cannot be more than five business days prior to out meet the applicable statutory filing requirements, this date without of State's records.	Il not be listed
LE V: Effective date, if other than the diffective date is listed, the date must be of filling.)  If the date inserted in this block does not amend's effective date on the Department of the De	of meet the applicable statutory filing requirements, this date without of State's records.  Intermediate or an authorized representative of a member, equited in accordance with section 605.0203 (1) (b), Florida State also information submitted in a document to the Department of agree felony as provided for in s.817.155, F.S.	Il not be listed
LE V: Effective date, if other than the d feetive date is listed, the date must be of filling.) If the date inserted in this block does no ument's effective date on the Departme LE VI; Other provisions, if any. ND ALL LAWFULL BUSINESS  REQUIRED SIGNATURE:  Signature of a This document is any	of meet the applicable statutory filing requirements, this date without of State's records.  Intermediately an authorized representative of a member, equited in accordance with section 605.0203 (1) (b), Florida State also information submitted in a document to the Department of	Il not be listed
LE V: Effective date, if other than the diffective date is listed, the date must be of filling.)  If the date inserted in this block does not unsern's effective date on the Department's effec	of meet the applicable statutory filing requirements, this date without of State's records.  Interpret or an authorized representative of a member, equirement of a accordance with section 605.0203 (1) (b), Plorida State also information submitted in a document to the Department of agree felony as provided for in s.817.155, F.S.  Typed of printed name of signee	Il not be listed
LE V: Effective date, if other than the diffective date is listed, the date must be of filling.)  If the date inserted in this block does not unsern's effective date on the Department's effec	of meet the applicable statutory filing requirements, this date without ment of State's records.  Interpolation an authorized representative of a member, equited in accordance with section 605.0203 (1) (b), Florida Statialse information submitted in a document to the Department of gree felony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees:  Organization and Designation of Registered Agent	Il not be listed