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.

(((H20000148471 3)))



H200001484713ABC.

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

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. MY CLOSING AGENT, LLC

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

ARTICLE I - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Com	ipany is:	•				
M	y OOS	ing /	age nT	, LL		
(Must contain the	Fords "Limited Lial	bllity Company	, (Y.L.C.," or "LL	£.")	_	
ARTICLE II - Address:	J	Ŭ				
The mailing address and street address	of the principal offic	ce of the Limite	d Liability Compa	ny is:		
Principal Offi	ce Address:		Maille	ng Address:		•
4640 NU FIRST Floor MIANI, FL	17th ST 2 33126		46.40 FIRST F.	NW 7 100R. T-1 33	77457. 126	
ARTICLE III - Registered Agent, Re (The Limited Liability Company canno another business entity with an active I	it serve as its own Re	gistered Agent.		atę an individu	al or ·	
The name and the Florida street address	s of the registered ag	gent are:				
	Pelayi	y M. I	ouran, &) 1 <u>9 ·</u>		
	7640 NW		ST. 1 ST F	-loor		
Flo	rida street address (F	P.O. Box NOT	acceptable)			
_ ,	10AMi	FL	33/8	26		
	City	State	Zlp		X	ခဲ
Having been named as registered agent or place designated in this certificate, I here further agree to comply with the provision am familiar with and accept the obligation	by accept the appoint is of all statutes related	ntment as registe ting to the prope	red agent and agre er and complete pe	ee to act in this oformance of o	capacity. I ry duties, and	
_	W	<u> </u>	·	- 		: .
. –	Pegisters	d Agent's Sign	ture (REOLURE)))		

(CONTINUED)

ARTICLE IV-

The name and	address of each person au	
"MGR" = Mai	V. H. DURAN	Name and Address: PELAYO H. DURIAN 4640 NW 7TH ST. 18T FLOOR
MAN	NAGER Ager	BLANCA VIERA 4640 NW THST. 1ST FLOOR
		HIAMI, FL 3312C
-		
n effective date is il	date, if other than the date	of filing: (OPTIONAL) cific and cannut be more than five business days prior to or 90 days a
CLE V: Effective effective date is il ate of filing.) If the date insert ocument's effective	date, if other than the date steed, the date must be speed in this block does not me date on the Department of	ecific and cannot be more than five business days prior to or 90 days a neet the applicable statutory filing requirements, this date will not be list
CLE V: Effective effective date is il ate of filing.) If the date insert ocument's effective	date, if other than the date steed, the date must be speed in this block does not me date on the Department of	ecific and cannot be more than five business days prior to or 90 days a neet the applicable statutory filing requirements, this date will not be list
ICLE V: Effective a effective date is il ate of filing.) if the date insert ocument's effectiv ICLE VI: Other pro	date, if other than the date steed, the date must be speed in this block does not me date on the Department of	ecific and cannot be more than five business days prior to or 90 days a neet the applicable statutory filing requirements, this date will not be list
ICLE V: Effective n effective date is il ate of filing.) if the date insert focument's effectiv ICLE VI: Other pro	date, if other than the date sted, the date must be speed in this block does not in a date on the Department of ovisions, if any. Signature of a mer. This document is executed an aware that any false.	ecific and cannot be more than five business days prior to or 90 days a neet the applicable statutory filing requirements, this date will not be list