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To:		
	Division of Corporations	
	Fax Number : (850)617-6381	
From:		13.5 13.5 13.5
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC	
	Account Number : 120000000019	
	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.
POINT SEVEN SERVICES LLC

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

020 JUN 16 PM 3: 58

ARTICLE I - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
Point Seven Services. LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
861 SE 6 Place Hialeah F1 33010
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.)
MAYBEL MORENO PERERA 861 SE 6 PLACE
HIALEAH FL 33010
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR) Maybel Moreno Perera. (AMBR)
TALLAHASSE
本

Page 1

Required Signatures:

Herendro

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.S.

MAYBEL MORENO PERERA
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)

2020 JUN 16 PM 5: 0 SECRETARY OF STAT