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	To:	(n	22
	Division of Corporations		22
	Fax Number : (850)617-6381		2020 JUL
	From:		1
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	SY.	œ
DAGE	Account Number : I20000000019	SS.	_
	Phone : (305)552-5973	mmi. Otto	3
L - 9 2020	Fax Number : (305)675-5944	ر الرائي المستخدم المستخدم	င္မာ
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	**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.	future	J.

FLORIDA LIMITED LIABILITY CO. LB.RBT SERVICES LLC

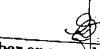
Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
LB. RBT Services LLC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limit Company is:	ted Liability
2737 NW 95t. Mianie Fl. 33125	
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Li Company cannot serve as its own Registered Agent. You must designate an individual or another business ewith an active Florida registration.) Ledys Borges 2737 NW GSt. Migmi Fl. 33125	imited Liability 2020 JUL – 8 PM 3: 46
ARTICLE IV The name and title of each person authorized to manage and control the I Liability Company: (MGR or AMBR) Ledys Borges (AMBR)	

Required Signatures:

3052201440



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.

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)