

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.

(((H20000237513 3)))



H200002375133ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Co							
Division of Co							
	proorati	ons					
Fax Number							
Account Name	: LAZA	RUS CORPORAT	TE FILI	NG SERVICE.	INC.		
Phone	: (305)552-5973				i n	
Fax Number					1	27. O	
	. (305				-		:
							÷
he email addre	ss for t	his busines:	s entit	y to be use	ed for fu ^d	TUCE	-
							J.
	-	-		•		••	
il Address:							<u>.</u>
							.:
						···· ··· ·	- ب
ET ODI		MITED I I	ARIT	TYCO			
rLUKI	DA LII						
L	Account Name Account Number Phone Fax Number the email addres ual report mail il Address: FLORI	Account Name : LAZA Account Number : I200 Phone : (305 Fax Number : (305 the email address for t ual report mailings. En il Address:	Account Name : LAZARUS CORPORA Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944 the email address for this busines ual report mailings. Enter only or il Address:	Account Name : LAZARUS CORPORATE FILI Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944 the email address for this business entit ual report mailings. Enter only one email il Address:	Account Name : LAZARUS CORPORATE FILING SERVICE, Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944 the email address for this business entity to be use ual report mailings. Enter only one email address p il Address:	Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944 the email address for this business entity to be used for fur ual report mailings. Enter only one email address plea::e.** il Address:	Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944 the email address for this business entity to be used for future ual report mailings. Enter only one email address plea:e.** il Address:

LEON, CERBERUS AND CHURCHILL HOLDINGS, LLC

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

Electronic Filing Menu

国の日にと同

 \mathfrak{X}

F

22

2029 JUL

Corporate Filing Menu

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability; Company, "LLC," or "LLC.")

LEON, CERBERUS AND CHURCHILL HOLDINGS, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

8000 GOVERNORS SQUARE BOULEVARD

SUITE 404

MIAMI LAKES, FL 33016

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.)

JOHN W. LEON

8000 GOVERNORS SQUARE BOULEVARD, SUITE 404

MIAMI LAKES, FL 33016

ARTICLE IV-

The name and title of each person authorized to manage and control the Limited Liability Company:

JOHN W. LEON; MANAGER



Required Signatures:

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.

JOHN W. LEON 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, 18.

Registered Agent's Signature (REQUIRED)