To. Page 2 of 4	2020-08-04 15:11:47 (GMT) 13053284774 From: Yanet Avila Division of Corporations Electronic Filing Cover Sheet
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	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. LILOZ ENTERPRISES, LLC. Certificate of Status 0 Certified Copy 1 Page Count 03 Estimated Charge
	J. FASON
- - -	AUG 0 5 2020
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LILOZ ENTERPRISES, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

	Principal Office Address:		<u>Mailing Addr</u>	<u>ess</u> :	
1	735 SW 104 CT, Miami, FL 33165	1	735 SW 104 CT, Miami, FL 3	3165	
(The Limited Liab another business)	Registered Agent, Registered Office, a oility Compuny cannot serve as its own entity with an active Florida registratio. Florida street address of the registered Liliana Zamprano	Registered Agent. n.)	nt's Signature: You must designate an inc	lividual or	
		Name			
	1735 SW 104 CT				
	Florida street address	s (P.O. Box <u>NOT</u> :	acceptable)		
	Miami	FL	33165		

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. Thereby accept the appointment as registered agent and agree to act in this capacity. The further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and T 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)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member "MGR" = Manager MGR

Name and Address:

Liliana Zambrano 1735 SW 104 CT, Miams FL 33165

(Use attachment if necessary)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any,

REOURED SIGNATURE:

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2020 YUG Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State Ł constitutes a third degree folony as provided for in s.817,155, F.S.

Lilians Zambrano		P	김 집 제
Typed or printed name of signed Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent			Length Length
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S 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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