Division of Corporations Electronic Filing Cover Sheet

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.

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	Division of Co	rporations	≥≥≥	2
	Fax Number	: (850)617-6381	7.	Č
From:			経営	9
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	5	-
	Account Number	: I20000000019		_
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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. IN HELP SERVICES LLC

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name: The name of the Limit Article Page 1			
The name of the Limited Liability Co	mpany is:		
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The mailing address and street addre Company is:	so or me buncib	al office of the Limite:	Liability
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229 E 3RD ST	Unit 2 Hi	aleah, Fl 331	010.
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ARTICLE III P.			
ARTICLE III - Registered Agent, Regis	tered Office:		
The name and the Florida street addressing company cannot serve as its own Registered Agent. You with an active Florida registration	ss of the registe	red agent are: The Limits	Allakele
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ARTICLE IV			Drri 7
he name and title of each person auth iability Company: (MGR or AMBR)	orized to manas	e and control the Limi	tod
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Required Signatures:

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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 I erein 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.

Dania Paridad Sanchez Perez

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)