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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		Fax Number : (850)617-6381	<b>基</b>	7 ا		
	From:	THE CONTRACTOR OF THE CONTRACT	OF THE COST	نث		
		Account Name : LAZARUS CORPORATE FILING SERVI	CE, INC.			
		Account Number : 120000000019	<u> </u>			
	<del></del>	Phone : (305)552-5973	三			
	25/2	Fax Number : (305)675-5944	© <u>-</u> 1	Ġ.		
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-3 PM	**Enter	Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**				
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## FLORIDA LIMITED LIABILITY CO. CHAPI TOTAL SERVICES LLC

Certificate of Status	1
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Estimated Charge	\$130.00

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Corporate Filing Menu

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHAPI TOTAL Services LLC					
ARTICLE II - Address: The mailing address and street address of the principal office of the Li Company is:	inited Liability				
9855 SW 62 Street	SEP SEP				
Miami_ FL 33173	-3 P				
	STA 3				
ARTICLE III - Registered Agent, Registered Office:  The name and the Florida street address of the registered agent are: (  Company cannot serve as its own Registered Agent. You must designate an individual or another with an active Florida registration.)  LUIS A. CHAPILIQUEN  9855 SW 62 ST	The Limited Liability business entity				
MIAMI FL 33173					
ARTICLE IV  The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)					
Luis A. chapilliquen	MGR				
Youlanda M. Williams	MGR.				

## 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.

Luis A CHapilliquen
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 here! y 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)