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.

(((H20000366559 3)))



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

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPCRATE FILING SERVICE, INC.

Account Number : 120000000019

Phone : (305)552-5973

Fax Number

: (305)675-5944

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. **GRO LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:

The mailing add	lress and st	reet address	E II - Address of the princip npany is:	: al office of the	Limited Liab	ility
7110	Sw 11	2 ct	Miami	FL 33	173	
					<u> </u>	দেন
<u> </u>					مان د مان کار	00
The name and t	me rionda s	Street addres	ss of the regict	gistered Office: ered agent are:	(1 he Limited Lial	2
Сотрину сания	serve as us own	Kegistered Agent, with an active	You must designate Florida registration	ereu agent <u>are:</u> an individual or anoth .)	er business ensity	=
Maricio	Alexa	uder	Garage		र्वेषुः •• विक् क्रम	: 26
Marricis 7110	SW	112 ct	nijam	: FL :	3.31.13	
The name and	l title of eac	h person aut	FICLE IV thorized to ma any: (MGR or	mage and contr AMBR)	col the Limite	×d
Mauricio	Alexa	ander	Gross	AMBR		
		6,050		AMBR		-
					<u> </u>	

Required Signatures:

Signature of a member or an anthorized 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 lurrein 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.

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)

0CT 21 AM II: 28