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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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973

Fax Number : (385)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. MR. MIS. LLC

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

Electronic Filing Menu

Corporate Filing Menu

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name:			
, the name of the Limited Liability Company is:			
Mr. MIS. LLC			
			_
ARTICLE II - Address: The mailing address and street address of the principal office of the Lin Company is:			_
Company is:	nited Lia	bility	
GOOT I/W GO.		3	
7803 NW. 80 Ave Unit- 13M.			
9805 NW. 80 Ave Unit. 13M. Hialeah Gardons. FC. 33016			
		 -	_
ARTICLE III - Registered Agent, Registered Office:			_
The name and the Florida street address of the registered agent are: (The Company cannot serve as its own Registered Agent. You must designate an individual or small.)	. 1:: 1 * *		
Company cannot serve as its own Registered Agent. You must designate an individual or another by with an active Florida registration.	i cimitea Lia usiness entity	bility ,	
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Yone Serrano guzman -			
6(190 5111 12 130 4 1 1 1/2			<u>.</u>
6490 SW +8 130 AVE UNIT. #7			
Miomi [L - 33183			
			_
ARTICLE IV			
The name and title of each person authorized to manage and control t	he Limite	ed	
Liability Company: (MGR or AMBR)	<u> </u>	21	
		ب	
	24 t	<u> == </u>	
YONEL SERRAND GUZMAN	M. M.	<u> </u>	
YONEL SERRAND GUZMAN			_
(AMBR)		<u>6</u> :	
	<u></u>		_

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Required Signatures:

Signature of a number 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.

YONEL SERRAND GUZMAN

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 695, F.S..

Registered Agent's Signature (REQUIRED)