Division of Corporations **Electronic Filing Cover Sheet**

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To:	Division of Co	proprations		7321
	Fax Number	•	AHASS	EN 2
From:			SS	-:
	Account Name Account Number Phone Fax Number	: LAZARUS CORPORATE FILING SERVICE, INC. : 120000000019 : (305)552-5973 : (305)675-5944		44 :21 84
*Enter	the email addres	ss for this business entity to be used for	future	
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FLORIDA LIMITED LIABILITY CO. LPH BIG FAMILY LLC

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

ARTICLES OF ORGANIZATION

FLORIDA LIMITED LIABILITY COMPANY	·!	~)	
ARTICLE I - Name: The name of the Limited Liability Company is:	SECKE Î ALLAHA	NAC 170	
ARTICLE 11- Add	SSEE, FI	27 PM 12: 1	i Ç
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liab Company is:	URALL URIDA	17: 1	_
16255 SW 82 AVR PALMETO BAY IFC	ility		_
		-	
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) Lile Perez Hioa 60			
16255 SW &Z AVE PALLETO BAY FC	331	 57)
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR) Liliet Perez Hioakoo AMBR			
		 -	
			

Required Signatures:

Signature of a member or an a	uthorized representative of a member.
accordance with	

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 Lerein 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)