Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations Fax Number : (850)617-6381 From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I2000000019 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. AIROM SER CA LLC

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Help

ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability

87TH AUE APTO 207

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

EDILIA CAMPLIN ROSall NOW 87th AVE APTO 207

ARTICLE IV

The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

Carolin Rosell MAestre Seguiso Mendoza

Required Signatures:

Echling of Fe			
Signature of a member of an authorized representative of a me	mber.		
In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this constitutes an affirmation under the penalties of perjury that the facts stated berein I am aware that any false information submitted in a document to the Department constitutes a third degree felony as provided for in s.817.155, F.S.		_ `'	
Edilia Carolin Rosell Massfre Typed or printed name of signee	SEE, FL	7 PH	
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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 σε 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)