## 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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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 : (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. ECOM FLEX LLC		Doing so will generate another cover sheet.		7.0.7
Division of Corporations Fax Number : (850)617-6381  From:  Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I200000000019 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. ECOM FLEX LLC				יי רבס לעל זר הם
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Electronic Filing Menu

Estimated Charge

Corporate Filing Menu

Help

\$130.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
ECOM FLEX LLC		2021 FE
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Company is:	Liability	8 4
8870 NW 36th st Apto 3106	-70 12 11 14	<b>9</b> : 36
Doral, Florida 33178		<del></del>
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	Liability	
Bryant Ricardo Rojas Gonzalez		
8870 Nu 36th St Apto 3106	<del></del>	· · · · · · · · · · · · · · · · · · ·
Doral, Florida 33178  ARTICLE IV	<del></del>	<del></del>
The name and title of each person authorized to manage and control the Limi Liability Company: (MGR or AMBR)	ted	
Bryant Ricardo Rojas Gonzalez (1	+ MB	or)
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		<del></del>

## Required Signatures:

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73. A.D.			
Signature of a member or an authorized representative of a m		202	
In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of the constitutes an affirmation under the penalties of perjury that the facts stated here 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.		<u>₩</u>	
Bryant Ricardo Rojas Gonzalez Typed or printed name of signee	72	9: 36	Ţ

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)