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.

Electronic Filing Cover Sheet

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To:				-
	Division of Corporations			
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	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	ري — د د	
		r : I20000000019	•	
	Phone	: (305)552-5973	÷ :-	
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Electronic Filing Menu

Estimated Charge

Corporate Filing Menu

Help

\$130.00

(1) 10° 2/

ARTICLE I - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
PLUSCARS LLC		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited L. Company is:	iability	21/21 FEU
671 W 186T	•	-9 A
HIAlenh +L 33010		師 1:27
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limits of L. Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) JEANDIERO SEPASTIAN SCIARA	iability	
671 W 18 St		
Hialeah Fl 33010		
ARTICLE IV The name and title of each person authorized to manage and control the Limite Liability Company: (MGR or AMBR)		
JEANPIERO SEBASTIAN SCIARA (AMBI	2)	

Required Signatures:

Signature of a member 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.

JEANPIERD SEBASTIAN SCIARA
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)