Division of Corporations Electronic Filing Cover Sheet

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To:			
	Division of Corporations		
	Fax Number : (850)617-6381	2021	
From:		73	
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	떕	
	Account Number : I20000000019	_	
	Phone : (305)552-5973	ഗ	
	Fax Number : (305)675-5944		
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	the email address for this business entity to be used for future	<u></u>	
anr	ual report mailings. Enter only one email address please.**		
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Fenz	il Address:	4-	

## FLORIDA LIMITED LIABILITY CO. BONASAIGONLOC, LLC

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

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ARTICLES OF ORGANIZATION
FLORIDA LIMITED LIABILITY COMPANY  ARTICLE I - Name:
The name of the Limited Liability Company is:
BONASAIGONLOC, LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability  Company is:
Q C C
8050 5W 72ND AVE APT2303
Miami, FL 33143
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liability with an active Florida registration.)
Izabella Victores
9050 SW 72 nd Ave APT 2303
- Miami, FL 33143
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
Izabella Victores AMBR

## 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 begins 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.3.

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

Registered Agent's Signature (REQUIRED)