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.

(((H21000063018 3)))



1210000630183ABCV

To;	<del> </del>	so will generate anoth	——————————————————————————————————————	<del></del> <del></del>		
	Division of Co Fax Number	rporations : (850)617-6381				
		, (050)017-0381				
From:						
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I2 <del>000088000</del> 19					
	Phone Phone	: (305)552-5973				
	Fax Number	: (305)675-5944				
*Enter anr	the email addres ual report mail:	s for this business ings. Enter only one	entity to be used for fut e email address please.**	ture		
anr	the email addres ual report mail:	s for this business ings. Enter only one	entity to be used for fut email address please.**	ture		
anr	ual report mail:	s for this business ings. Enter only one	entity to be used for fut email address please.**	ture		
anr	all Address:	ings. Enter only one	e email address please.**	ture		
anr	sual report mail: sil Address: FLORII	DA LIMITED LIA	ABILITY CO.	ture		
anr	FLORII	DA LIMITED LIA	ABILITY CO.	ture		
anr	sual report mail: sil Address: FLORII	DA LIMITED LIA	ABILITY CO.	ture		
anr	FLORII	DA LIMITED LIA	ABILITY CO.	ture		
anr	FLORII ALL SI	DA LIMITED LIA	ABILITY CO. YERS, LLC.	ture		

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE 1 - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, LLC," or "LC")

ALL SERVICE FORT MYERS, LLC.

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

4918 S Silver Bate Ln, Apt #208, Fort MyERS, Florida, 33907

# 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.)

Gabriel Alexis Leon.

4918 S Silver Gate Ln, Apt # 208, Foirt Myers, Florida, 33907

#### ARTICLE IV-

The name and title of each person authorized to manage and control the Limited Liability Company:

AHBR

Gabriel Alexis Leon

2021 FEB 15 PM 1. 22

#### Required Signatures:

	pahrel	Seon.			
Signature of	a niember or u	u authorize	d representa	tive of a me	ember.

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 8.817.155, F.3.

Gabriel Alexis Leon

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 agen; as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)