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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.

(((H21000067726 3)))



To:		· · · · · ·
70.	Division of Corporations	
	Fax Number : (850)617-6381	
F	·	:
From:	ACCOUNT Name : LAZARUS CORPORATE ETLING SERVICE THE	~, 1 ·
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019	
	Phone : (305)552-5973	
	Fax Number : (305)675-5944	
Enter anı	the email address for this business entity to be used for functional report mailings. Enter only one email address please **	uture
anı	the email address for this business entity to be used for functional report mailings. Enter only one email address please.** ail Address:	uture '
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anı	FLORIDA LIMITED LIABILITY CO.	-
anı	FLORIDA LIMITED LIABILITY CO.	uture
anı	FLORIDA LIMITED LIABILITY CO. CHISEL AND BURN, LLC	·

Estimated Charge

\$130.00

LAZARUS CORPORATE

PAGE 02/03

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VIGO & VIGO, LLP

305 366 5758

P.002

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY	.,
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RTICLE I - Nume:			
to mane of the Limited	Liability Company is:		
	company is.		
CHISEL AND	D BU <u>r</u> n, LLC		
(Mı	ist contain the words "Limite	al Dustrie ex	
•	Chinic	d Lindinty Company	r, "L.J.,C.," or "LLC.")
RTICLE II - Address:			
he mailing address and	street address of the principal	office of the best	18
	waster or nie himeliat	arride of the Pippile	d Linbility Company is:
P	rineinal Office Address:		_
		,	Mailing Address:
<u>751 SAN JUA</u>	IN DR	CA	ME
			IATE
MIAMI, FL 3	3143	.,,,,,,	
RITCLE III - Registers he Limited Liability Co.	ed Agent, Registered Office	, & Registered Age	nt's Signature:
RITCLE III - Registers he Limited Liability Co.	ed Agent Registered Office	, & Registered Age	nt's Signature; You must designate an individual or
RTICLE III - Registers he Limited Liability Co- tother business entity wi	ed Agent, Registered Office mpany cannot serve as its ow ith an active Florida registrati	. & Registered Age n Registered Agent. (on.)	nt's Signature; You must designate an individual or
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RTICLE III - Registers The Limited Liability Contoher business entity with	ed Agent, Registered Office mpany cannot serve as its ow hith an active Florida registrati street address of the registere	A Registered Age in Registered Agent. (in,)	nt's Signature: You must designate an individual or
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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 haveby 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)

(CONTINUED)

21 F.J. 18 PT 6:3

305 466 5758 P.003

The name and address of each person a Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	·
AMBR	ANGELITZA C TRIANA
	751 SAN JUAN DR
	MIAMI, FL 33143
	;
,	
Use anachment if necessary)	
filing.) he date inserted in this block does not recent's effective date on the Department	e of filing: ceffic and cannot be more than five business days prior to or 90 of neet the applicable statutory filing requirements, this date will not to of State's records.
filing.) the date inserted in this block does not recent's effective date on the Department	neet the applicable statutory filing requirements, this date will not be of State's records.
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filing.) the date inserved in this block does not recent's effective date on the Department EVI: Other provisions, if any. ECOURED SIGNATURE: Signature of a me This document is execut I am aware that any false	mber or an authorized representative of a member: ed in accordance with section 605.0203 (1) (b), Florian Smutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
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