Division of Corporations Electronic Filing Cover Sheet

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To:

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.

FLORIDA LIMITED LIABILITY CO. NEWGEN DISINFECTING & CLEANING, LLC

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

SECRETARY OF STAFE
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:	
The name of the Limited Liability Company is:	·
Dewgen Disinfecting ARTICLE II - Address:	2 Alas :
ARTICLE II - Address:	a circunna, Cla
The mailing address:	
The mailing address and street address of the principal offic Company is:	e of the Limited Liebile
11 000 0 113	The Limited Liability
11801 SW 181 St 1	Diani (1 ansa
101 01 1	114M F1 3317
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered age Company cannot serve as its own Registered Agent. You must designate an individual or with an active Florida registration.)	ent are: (The Limited Liability another business entity
Levin Cardentey Perez	
lica:	
11801 SW 181 St Miami	E1 22177
	1 00111
ARTICLE IV The name and title of each person authorized to manage and Liability Company: (MGR or AMBR)	
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The continue relief HI	
Jovany Cordero Ar	1BR
	(1)14
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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.

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 herely accept the appointment as registered agent and agree to act in this capacity. I further agn e 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 ager t as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)