Division of Corporations Electronic Filing Cover Sheet

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To:		41.	15-1	2/	
	Division of Co Fax Number	rporations : (850)617-6381			
From:	Account Name Account Number Phone Fax Number	: LAZARUS CORPORATE FILING SERVICE, INC. : I200000000019 : (305)552-5973 : (305)675-5944	SEUKLIK : TALLAHAS	2021 AFR 1	
annı		s for this business entity to be used for ngs. Enter only one email address please.		5 PH 1: 50	<u>C</u>
			7.		8

FLORIDA LIMITED LIABILITY CO. A'MARE SOL LLC

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

2ND REQUEST

Electronic Filing Menu

Corporate Filing Menu

Fleip, CH

APR 2 2 2021

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED HABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:		The second secon				
(Musi cont	A' Main the words "Limited	IARE SOL LLC	at Land			•	
ARTICLE II - Address: The mailing address and street ad							
Princips	I Office Address: BERRY WAY #21C		Mailing Address: 55 TURNBERRY WAY # 210 ENTURA, FL 33180				
ARTICLE HI - Registered Ages (The Limited Liability Company of another business entity with an ac-	THE HOLD NITTED BY HE ALLON	D	nt's Signature: You must designate an individ	TALLAI material	2021 EU	7. 73	į
The name and the Florida street a	ddress of the registered	agent are:		SSVF	: こ の		•
	ANNET	TE MANGANO Name	 	100 - 100 -	PH.	[:]	
	19355 TURNBERRY Florida street uddress		cceptable)	LORIDA	93 st	<u>(</u>	-
	AVENTURA City	FL State	33180 Z:p	بساء -		8	

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...

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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'FEAC.		inbility Company:
Title:	Name and Address:	202 SE FAL
"AMBR" = Authorized Member "MGR" = Manager	- 	
MANAGER		APR AHZ AHZ
131-21-13-331-15	ANNETTE MANGANO 1935 TURNBERRY WAY # 21C	
	AVENTURA, FL 13180	
Man		
AMBR	ALEXANDRA MANGANO 19355 TURNBERRY WAY # 15C	
	AVENTURA FL 33180	22
		5 <u>.</u>
AMBR	RENE PRONESTI	
	7325 W. SUNRISE BLVD #7325 PLANTATION, FL 33313	
	140010100114, 23313	***************************************
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the date of filing.) Note: If the date inserted in this block does not the document's effective date on the Department.	specific and cannot be more than five business t meet the applicable statutory filing requirement	s days prior to or 90 days afte
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ARTICLE V: Effective date, if other than the da (If an effective date is fisted, the date must be a the date of filing.) Note: If the date inserted in this block does not the document's effective date on the Departmer ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a n This document is execu- 1 am aware that any fals.	receific and cannot be more than five business tracet the applicable statutory filing requirement of State's records.	s days prior to or 90 days afte nts, this date will not be listed member. b), Florida Statutes.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)