Division of Corporations **Electronic Filing Cover Sheet** 

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## FLORIDA LIMITED LIABILITY CO. LTAB & CO LLC

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

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ARTICLES OF ORGANIZATION	
FOR FLORIDA LIMITED LAND	7u
FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name:	7021 MAY
The name of the Limited Liability Company is:	
LTAB & COLLC	S 18
ARTICLE II - Address:	g: 05
The mailing address and street address of the principal office of the Limited Liability  Company is:	
11510 NW 56th Dr.	
<u> </u>	
(ono Springs, Fl 33076	<del></del>
ARTICLE III . Paris	
The name and the Florida street address of the registered agent are: (The Limited Liability with an active Florida registered Agent. You must designate an individual or another business entity	
sames entity	
Lina labares	
	<del></del> -
ARTICLE IV	<del></del> -
The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)	
Lina Tabares AMBR	
	<del></del> -
	<del></del>

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.

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 in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)