orida Department of State

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

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Email	Address:				

FLORIDA LIMITED LIABILITY CO. L&D SERVICES & REPAIR LLC

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICUES	CHIANI
ARTICLE I - Name: The name of the Line	
The name of the Limited Liability	Company is:
L&D Services &	Repair LLC
ARTICLE II - Address:	Le pari
The mailing address and	
Company is:	lress of the principal office of the Limited Liability
	and of the Limited: Liability
10815 NW 7th 5	1 Apt 12 Miami 33172
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	FL FL
A D'ETCL D TO	
ARTICLE III - Registered Agent, Re	gistered Office:
Company cannot serve as its own Registered	gistered Office: lress of the registered agent are: (The Limited Liability You must designate an individual or another incircum activities and individual or another incircum.)
with an active Florida registration.)	lress of the registered agent are: (The Limited Liability You must designate an individual or another business entity
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ARTICLE IV	Dri N
The name and title of an 1	σ,
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Lisander Bruzón	Escalaina Anna
	Samuel (MABIC)

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 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..

tered Agent's Signature (REQUIRED)