Division of Corporations Electronic Filing Cover Sheet

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.

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	Doing so will generate another cover sheet.	
To:		五二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二
-	Division of Corporations	17
	Fax Number : (850)617-6381	SEE
From:	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	
	Account Number : I2000000019	-
	Phone : (305)552-5973	
	Fax Number : (305)675-5944	
a	the email address for this business entity to be used for fut nnual report mailings. Enter only one email address please.**	ure

Certificate of Status

Estimated Charge

Certified Copy

Page Count

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\$130.00

ARTICLES OF ORGANIZATION **FOR** FLORIDA LIMITED

ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:
PCARS SAIESILL
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability
1870 SW 6th St Aptor A Milano
FL 33135
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liability with an active Florida registration.)
Jesus Alejan pro. Pappa mendez
1870 SW 6 ST Apt A
Miami FL 33135
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
Jesus Alejandro PARRA MENDEZ (AMBR)

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 harein 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

Registered Agent's Signature (REQUIRED)