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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 co annual report mailings. Enter only one email address please.

Email Address:___

FLORIDA LIMITED LIABILITY CO. ZAILYS CRUZ LLC

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

ARTICLES OF ORGANIZATION
FLORIDATION
FLORIDA LIMITED LIABILITY COMPANY
The name of the Limited Liability Company is:
ZAILYS Cruz. LL (# 8
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability
1230 1101
12303 PW (oth St Miami f1 33182
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.)
Company cannot serve as its own Registered Agent. You must designate an individual or another business entity
Zailys Cruz
12365 NW 6th St Mami F1 33182
ARTICLE IV
The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
Lailys Cruz AMBR
Carlos Guerra MGR.

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 Depart nent 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 jui Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)