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.

(((H21000279025 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:		ime ti same i <del>y</del> €	
	Division of Corporations	<b>'~ ~⊄</b>	
	Fax Number : (850)617-6381	141 100-	
From:		\$ <u>0</u>	
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019	5	
	Phone : (305)552-5973		
	Fax Number : (305)675-5944	ju t	
*Enter ann	the email address for this business entity to be used for for a report mailings. Enter only one email address please *	future	
ann	nual report mailings. Enter only one email address please.*	future	
ann	the email address for this business entity to be used for for a nual report mailings. Enter only one email address please.*	future	
ann	nual report mailings. Enter only one email address please.*	future	6
ann	ail Address:	future	000000000000000000000000000000000000000
ann	FLORIDA LIMITED LIABILITY CO.	future	
ann	ail Address:	future	- 1

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTROT TO -	
ARTICLE I - Name:	
The name of the Limited Liability Company is:	·
SEPTIC TANK CIMPANY is:  ARTICLE II - Address: The mailing address and street address of the print Company is:	STARS LLC
pany is,	respect office of the Limited Liability
14/4/5	terrace = 2
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the reg Company cannot serve as its own Registered Agent. You must designate an with an active Florida registration.)	·
Jupanhy Robaswa 11442 NW 4th terra	
11442 NW 4th tERR	CG
HEDMS FL 33172	
ARTICLE IV  The name and title of each person authorized to ma Liability Company: (MGR or AMBR)	mage and control the Limited
WILFREDO ROBAIN	
YURANKY RODAIN	D GAIAN (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 perein 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

Registered Agent's Signature (REQUIRED)