Division of Corporations
Electronic Filing Cover Sheet

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To:			<i>Q</i> Ø [∞]	20	
	Division of Co	rporations	-	~	
	Fax Number	: (850)617-6381	É	2021 AUG	Ť
From:			≥		
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	∓ ::∫	23	\$20.E
	Account Number	: I2000000019	AS		
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	Fax Number	: (305)675-5944	<u>č</u> ň. ,∖		£
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**Ente	er the email add	ress for this business entity to be used for	future 🔂		
	annual report ma	rilings. Enter only one email address please	,**		
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FLORIDA LIMITED LIABILITY CO. TOTO BALLESTEROS LLC

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

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The server of the state of					
The name of the Limited Liabi	lity Company is:				
Toto Ballesteros LI	C				
	ntain the words "Limited"	Lightlian Commons	W 7 C C . W 1 O C		
	anner mit water trifficht.	continuity Company,	"LLLC", OL "LLC")		
ARTICLE II - Address:					
The mailing address and street	address of the principal o	ffice of the Limited	Liability Company is:		
Princi	oal Office Address:		Mailing Address:		
0074 NIXI ASH. 0. A	100				
9975 NW 46th St A Doral, FL 33178	D1 108		NW 46th St Apt 108		
2012412331)6			al, FL 33178		
ARTICLE III - Registered Ap (The Limited Liability Compan another business entity with an The name and the Florida stree	ry cannot serve as its own sective Florida registratio	Registered Agent. n.)	nt's Signature: You must designate an individ		
		ABOUT ME.		3 23 Ama	y-res
	Maria Jose Ballestero	4		Σ	2 2=224
		Name		S: 70	
	9975 NW 46th St Ap	t 108_		4 2:	
	Florida street address	(P.O. Box NOT a	cceptable)		
	Doral	Fl	33178	ni 💳	
	City	State	7in		

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 60.", F.S..

Residence Agent's Signature (REQUIRED)

(CONTINUED)

"AMBR" = Authorized Member "MGR" = Manager	authorized to manage and control the Limited Liability Company: Name and Address:
MGR/AMBR	Meria lass Ballan
	Maria Jose Hallesterns 9975 NW 46th St Apr 108 Dorel, FL 33178
	Doral PL 33178
	_
(filing)	te of filing: (OPT: ONAL) pecific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the date ective date is listed, the date must be a of filling.)	pectation and cannot be more than five business days prior to or 90
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E V: Effective date, if other than the date extive date is listed, the date must be a of filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. Signature of a me This document is executed any file constitutes a third degree	meet the applicable statutory filing requirements, this date will not a of State's records. Sales of State's records.