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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Account Number: I20000000 Phone: (305)552 Fax Number: (305)675	CORPORATE FILING SERVICE, INC. 9019
Fax Number : (850)617 From: Account Name : LAZARUS Account Number : I20000000 Phone : (305)552 Fax Number : (305)675 **Enter the email address for this annual report mailings. Enter	CORPORATE FILING SERVICE, INC. 9019 -5973 -5944
From: Account Name : LAZARUS Account Number : I200000000 Phone : (305)552 Fax Number : (305)675	CORPORATE FILING SERVICE, INC. 9019 -5973 -5944
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FLORIDA LIMIT	ED LIABILITY CO.
RIDCA	DCIIC
	ED LIABILITY CO. ARS LLC

Electronic Filing Menu

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	COMPANY
The name of the 1:	
The name of the Limited Liability Company	ie
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ARTICLE II - Address:	
The mailing address and street address of the Company is:	2
company is:	principal office of the Limited Liability
Φ	of the Limited Liability
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Micai B	ch FC 33141
Dead Dead	₩ +C 33141 ==
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ARTICLE III - Registered Agent, Registered Of The name and the Florida street addi-	
The name and the Florida attent, Registered Of	fice:
Company cannot serve as its own Recistered Andress of the	registered agent are.
The name and the Florida street address of the Company cannot serve as its own Registered Agent. You must design with an active Florida registration.)	ate an individual or another business and
۸ .	· · ·
Anthony C	Since
Comment	JIMDSON
8/3 M/ class	<b>D</b>
Shole	Simpson
Miami Beach	
	PC 33141
ARTICLE IV	
The name and title of each person and	
The name and title of each person authorized to Liability Company: (MGR or AMBR)	manage and control the Limited
A L	
- Anthony L Sim	0- (1 - 0)
0,10	pson - (AMBR)
Miliannys De J	
-	esus Carpio Garcia
- MG	0
(1016)	<u> </u>

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 berein 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..

Registered Agent's Signature (REQUIRED)