Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number : (850)617-6381

From:

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Account Number : I20000000019

Phone : (305)552-5973 Fax Number : (305)675-5944

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FLORIDA LIMITED LIABILITY CO. ALMENDARES SEPTIC SERVICES LLC

Certificate of Status	1	
Certified Copy	0	
Page Count	03	
Estimated Charge	\$130,00	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the I	1
The name of the Limited Liability Company is:	BEI S
ALMENDARES SEPTIC SERVICES ARTICLE II - Address:	SEP -1
ARTICLE II - Address:	160
The mailing address and street address of the principal office of the Limited Company is:	m; -
Party is:	Liability 7
2260 W 53RD PL APT 10 HIALEAH, FI	33016
A DITION D.	
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	1 Liabites
outlines entity	
Yuri Luis Medina Urquiza	
2260 w 53rd Pl Apt 10 Higheah F	1 2221
	1 00016
ARTICLE IV The name and title of each person authorized to manage and control the Limit Liability Company: (MGR or AMBR)	
•	330
Juri Luis Hedina Urguiza	
(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 herein 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.

YURI LUIS Hedina Urguiza,
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 in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)