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.

(((H21000422296 3)))



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

To:					
	Division of Cor	porations			
	Fax Number	: (850)617-6381	Eu.	26	
From:			SECILE IAN	2621 KDY	<b>~</b> 9
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	£ŕ.	5	١ - ١
	Account Number	: 120000000019	25		1 proje
	Phone	: (305)552-5973	S	<u>5</u>	***
	Fax Number	· /305\675_50AA	1 1 1	-	
			بر ند تس <sup>ر</sup> د	$\equiv$	i i l
			F (1)		[ ]
**Ente	er the email addr	⊋:୍	က္	<b>C.</b> J	
į	annual report ma	ess for this business entity to be used for futur ilings. Enter only one email address please.**	24	2	
			<u>-</u>	$\mathcal{C}_{2}$	_
;	Email Address:		-		

## FLORIDA LIMITED LIABILITY CO. JALTEAM LLC

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

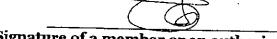
Electronic Filing Menu

Corporate Filing Menu

ARTICLES OF ORGANIZATION	
FLORIDA I DATES	
FLORIDA LIMITED LIABILITY COMPANY ARTICLE L. No.	TALLAH/ SECht:
ARTICLE I - Name: The name of the Limited Liability Company is:	MANASS AHASS
A 1	SEE J.
JAL. TEAM LLC	الري ه
ARTHUR	RID 26
The mailing address and street address of the principal office of the Limited Liab Company is:	ili <del>n</del> .
17445W 35T RPTO 4 MIAMI F	arcy
Aplo 4 MiaMi.F.	1 33135
A DITION E	
ARTICLE III - Registered Agent, Registered Office:  The name and the Florida street address of the control of t	
The name and the Florida street address of the registered agent are: (The Limited Liability of the Agent company cannot serve as its own Registered Agent. You must designate an individual or another business entity	ity
- Torlen no	
17,44	
144 SW 3 St Apto 4 Miami	F1.
3313	35
ARTICLE IV	
The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)	
Joelen Azony labor 1 1120	<b>)</b>
Doch La brada. AM.Bill	<u>.                                    </u>
Linea L. Monteagudo DiAZ AMBR	7 <del></del>
	<u>-</u>

8

## 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.

Toylen Ocus Labrada Toylen 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..

