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LAZARUS CORPORATE

PAGE 01/03

**L21000525016**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

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2021 DEC 14 PM 3:50

**FLORIDA LIMITED LIABILITY CO.  
SALGADO THE BEST IN CREDIT REPAIR AND ASSOCIATES LLC**

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



FLORIDA DEPARTMENT OF STATE

2021 DEC 14 PM 3:25

2021 DEC 14

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

*Effective Date 11/1/22*

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Salgado The best in credit repair and associates  
LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

1732 SW 7th STREET APT C Miami  
FLORIDA 33135

**ARTICLE III - Registered Agent, Registered Office:**

The name and the Florida street address of the registered agent are: *(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)*

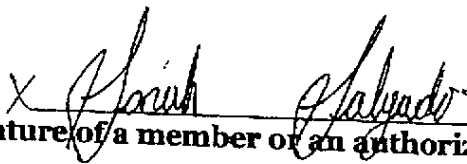
Sarah del Carmen Salgado Rizo  
1732 SW 7th Street APT C Miami  
Florida 33135

**ARTICLE IV**

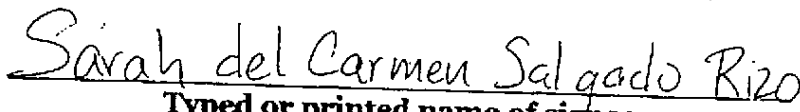
The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

Sarah del Carmen Salgado Rizo (AMBR)

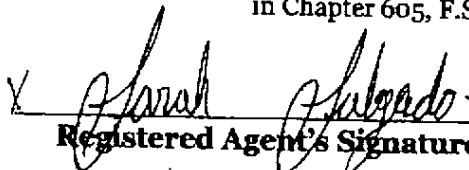
**Required Signatures:**

X   
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.

  
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..

X   
Registered Agent's Signature (REQUIRED)