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

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FLORIDA LIMITED LIABILITY CO. **GULAG INVESTMENTS I LLC**

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



ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is: (Mess end with the words "Limited Liability Company, TAC. or TICT

GULAG INVESTMENTS I

ARTICLE II - Address:

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

909 SEABRIGHT AVE, WEST PAIN BEACH, F1,33415

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (The Limited Limbblity Company carnot serve as its own Registered Ayent. You must designate an individual or another business entity with an active Florida registration.)

SANZID BASHID

909 SED BRIGHT AVE, WEST PAIM BEACH F 33413 🗟

ARTICLE IV-

The name and title of each person authorized to manage and control the Limited Liability Company:

Sauzio Rashio /AMBR Luis ZERPA /AMBR

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image0.jpeg

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.

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 any position as registered agent us provided for in Shapler 605, P.S.

Registered Agent's Signature (REQUIRED)

