

To;		······································	ليل الم	2022	
	Division of Cor	porations	전역		
		: (850)617-6381	EE	JAN	
From;			Ξ.A.	ū	
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	- SX		
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**Cata	n the section at	· · · · ·	m		
i	annual report maj	ess for this business entity to be used for future lings. Enter only one email address please.**			

Email Address:_



FLORIDA LIMITED LIABILITY CO. THE FLIPKING REAL ESTATE LLC

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	R FLORIDA LIMITE	JRIDA LIMITED LIABILITY COMPANY	*	
ARTICLE I - Name: The name of the Limited L	iability Company is:		·	SECRETARY OF STATE TALLAHASSEE, FL
THE FLIPKIN	G REAL ESTATE LLC			
(Mus	t contain the words "Limited	Liability Company	, "L.L.C.," or "LLC.")	<u>-</u>
ARTICLE II - Address:				
The mailing address and str	reet address of the principal	office of the Limited	Liability Company is:	
	Incipal Office Address:			
8933 NW 23RE			Mailing Addre	<u>256:</u>
DORAL, FL 33	172	<u></u>	ME	
	d Agent, Registered Office, pany cannot serve as its own h an active Florida registratio	A Demonstrated A sense	nt's Signature: You must designate an ind	ividual or
another business entity with	h an active Florida registratio	n Registered Agent. on.)	nt's Signature: You must designate an ind	vidual or
another business entity with	than active Florida registration and a sective florida registration and the registered address of the registered	n Registered Agent. on.) d agent are:	nt's Signature: You must designate an ind	vidual or
another business entity with	h an active Florida registratio	n Registered Agent. on.) d agent are:	nt's Signature: You must designate an ind	ividual or
another business entity with	the analycalino serve as its own in an active Florida registration rest address of the registered <u>CARLOS H. MORE</u>	n Registered Agent. on.) d agent are:	nt's Signature: You must designate an ind	ividua) or
another business entity with	than active Florida registration and a sective florida registration and the registered address of the registered	n Registered Agent. on.) d agent are: SNO Name	You must designate an ind	vidual or
another business entity with	the an active Florida registration Treat address of the registration <u>CARLOS H. MORE</u> <u>8933 NW 23RD ST</u>	n Registered Agent. on.) d agent are: SNO Name	You must designate an ind	ividual or
another business entity with	Party cannot serve as H5 own h an active Florida registration CARLOS H. MORE <u>8933 NW 23RD ST</u> Plorida street addres	n Registered Agent. on.) d agent are: SNO. Name	You must designate an ind	ividua) or

Registered Agent's Signature (REQUIRED)	. · · ·
(CONTINUED)	

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ARTICLE IV-

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

<u>Title;</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager MGR	CARLOS H. MORENO	
· · · · · · · · · · · · · · · · · · ·	8933 NW 23RD ST DORAL, FL 33172	
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(Use attachment if necessary)		
	ind cannot be more than five business days prior to or 90 days after	
Note: If the date inserted in this block does not meet the the document's effective date on the Department of State	e applicable statutory filing requirements, this date will not be listed as z's records.	
ARTICLE VI: Other provisions, if any.		
<u>REQUIRED</u> SIGNATURE:		

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree false as provided for in s.817.154; P.S.

CARLOS HE MORENO		
Line	or printed name of signee	