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.

(((H22000034274 3)))



H220000342743ABCY

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

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

: LAZARUS CORPORATE FILING SERVICE, INC. Account Name

Account Number : I20008000019 Phone : (305)552-5973

Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Fmail Address:	
----------------	--

FLORIDA LIMITED LIABILITY CO. R AND D MIDNIGHT EXPRESS LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

S. CHATHAM

JAN 27 2022

FILED

22 JAN 26 AM 5: 28

ARTICLES OF ORGANIZATION SECRETARY OF STATE FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICIE	- COMITAINA
ARTICLE I - Name:	
The name of the Limited Liability Compa	•
Compa	ny is:
Rand D Micnight 62 ARTICLE II - Address:	
The Dillenight Go	(244 //
ARTICLEU	fress ILC
The modine 11	
Community address and street address of	Al.
Company is:	the principal office of the Limited Liability
• •	The mainted Liability
- 104th Ct	miami F1 33184
	11110mi F1 33184
A 700-	
ARTICLE III - Registered Agent, Registered	
The name and the Florida charactered	l Office:
Company cannot serve as its own Period Street address of	the registered agent area
The name and the Florida street address of Company cannot serve as its own Registered Agent. You must d with an active Florida registration.)	lesignate on Individual or and I The Limited Liability
-8	incomer business entity
1134 SW 139th Ct Rargel Peres	•
-1121 2W 13974 Cf	$M_{i}: E_{i}$
D	- 1011am1, 12 33184
Rafael Perez	
Total ICIC	_
ARTICLE IV	
The name and title of and	
Liability Community of each person authorize	d to manage and control the re-
The name and title of each person authorize Liability Company: (MGR or AMBR)	
Die i D	`
_ K9f0el Kees Con	an
LHM	101-1

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.

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)