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.

(((H22000040167 3)))



H220000401673ABCW

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:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 1200000000019

: (305)552-5973

Phone

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. **

Email	Address:		

FLORIDA LIMITED LIABILITY CO. CRASQUI MIAMI, LLC

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

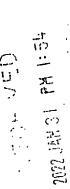
Electronic Filing Menu

Corporate Filing Menu

Help

S. CHATHAM

FEB 0 1 2022



3052201440

22 JAN 31 PM 10: 44

SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Crasqui Miami, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

9001 Sw 49th St

9001 SW 49th St

Cooper City, FL 33328

Cooper City, FL 33328

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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.)

The name and the Florida street address of the registered agent are:

Name

Arnold Morales Fernandez

Florida Street address (P.O. Box NOT acceptable)

9001 SW 49th Street

Cooper City

FL

33328

City

State

Zip

Having been named as registered agent and to accept service of process for the above state I 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 realistice agent as provide for in chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 JAN 31 PH IU: 44

ARTICLE IV -

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Arnold Morales Fernandez

9001 SW 49th St

Cooper City, FL 33328

AMBR

Antonio Rodriguez Zorrilla

9001 SW 49th St

Cooper City, FL 33328

AMBR

Anthony Rodriguez Rangel

9001 SW 49th St

Cooper City, FL 33328

(Use attachment if necessary)

ARTICLE VI: Other provisions, if any

REQUIRED 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 arn 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.