## Division of Corporation Electronic Filing Cover Sheet

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.

(((H22000043737 3)))



H220000437373ABC

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 : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

GOLD

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

Frai1	Address:		
	MMMI ESS.		

## FLORIDA LIMITED LIABILITY CO. INSURANCE

LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A Director	Other Will X		
ARTICLE I - Name:			
The name of the Limited Liability Cov			
Goldin			
Slow in surance.			
ADCION			
The Address:			
The mailing address and street address			
Company is:	s of the principal office of the Limited Lie	Larra	
0010		эшту	
2210 SW 27 AND			
21/108	Micemi FL 321ds		
•	331 43	<del>,</del>	
			<del></del>
			<b>~</b>
ARTICLE III - Registered A			-
The name and the Florida	ered Office:		
Company camos serve as its own Person	s of the registered agent are:		
with an active Florida registration.)	nust designate an Individual or another history	llity	
^	outhers entry		
Ameis portioning			
turique?			
2210 0			
- 5510 SW 27 AV	e min or or		
	5314	<u>(</u> \$5, ≥	
	-		
		<u> </u>	71
ARTICLE IV		- <del> </del>	
The name and title of a-1		SS	<u> </u>
iability Company: (MGR or AMBR)			
	the ratio		TT:
Anaic B		0 1 1 1 1 1	
Tilles Kodniquez	"(AMRO)		

## 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 my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

2022 FEB -3 MH 11: 25