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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

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

Email Address:	
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FLORIDA LIMITED LIABILITY CO. KALAMAZU SUPPLIES, LLC

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name:	
The name of the Limited Liability Company is:	
ARTICLE II - Address: Supplies, UC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	-
Company is:	
1117 W Okeechobee Pd	
Suite #102-103	
Hialean Gardens, fl 33018	_
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: The Limited Liability Company cannot serve as its own Registered Agent. You must designate on individual or most a liability.	_T
Piene Mesa Pichardo	rn
1117 W Okeechobee Rd Suite#102-103	– ,
Hialeah Gardens, H 33018	_
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)	-
Rene Mesa Pichardo (AMBR)	
	_
	-
	-
	_

Required Signatures:

Renal 2
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 deles, and I am familiar with and accept the obligations of my position as registered agencias provided forin Chapter 605, F.S..

gistered Agent's Signature (REQUIRED)