Division of Corporations 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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAMADRID FINANCIAL SERVICES CORP

Account Number : 120200000059 Phone

: (954)727-9771

Fax Number

: (954)727-9773

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

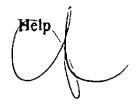
FLORIDA LIMITED LIABILITY CO. SALGADO SUPERIOR SERVICES LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO:	New Filing Section Division of Corporations		
SUBJE	SALGADO SUPERIOR SERVICES	SLLC	
30000		imited Liability Company	
The enc	losed Articles of Organization and fee(s) as	are submitted for filing.	
Please n	eturn all correspondence concerning this m	natter to the following:	
	JUAN CARLOS SALGADO GOMEZ	Z	
		Name of Person	
	SALGADO SUPERIOR SERVICES I	rrc	
	<u> </u>	Firm/Company	
	17173 NE 18th Ave		
		Address	202
	NORTH MIAMI BEACH, FL 33162	TARE TO SECUL	2022 MAR
	tonimro@hotmail.com	City/State and Zip Code	R 10
		d for future annual report notification)	×
For furthe	er information concerning this matter, pleas	d for future annual report notification)	2. 89.
	JUAN CARLOS SALGADO 7 8t (786 7041830 😅	57
	<u> </u>	Area Code Daytime Telephone Number	
Enclose	d is a check for the following amount:		
_	.00 Filing Fee #\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) CS 150.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

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Tallahassec, FL 32303

Tallahassec, FL 32314

CH220000911923>

ARTICLES OF ORGANIZATION FOR FLO	RIDA LIMITIED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
SALGADO SUPERIOR SERVICES LLC	
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "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:
17173 NE 18th Ave	17173 NE 18th Ave
NORTH MIAMI BEACH, FL 33162	NORTH MIAMI BEACH, FL 33162
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Reg another business entity with an active Florida registration.) The name and the Florida street address of the registered agen	istered Agent. You must designate an individual or

LAMADRID FINAN	NCIAL SERVICES	CORP
	Name	
1265 \$ PINE ISLAN		
Florida street addres	s (P.O. Box <u>NOT</u> ac	cceptable)
PLANTATION	FL	33324
City	State	7 in

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)

(CONTINUED)

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JEGRETARY OF STATE

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Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	JUAN CARLOS SALGADO GOMEZ 17173 NE 18th Ave NORTH MIAMI BEACH, FL 33162
(Use attachment if necessary)	
TLE V: Effective date, if other than the dat effective date is listed, the date must be a e of filing.) If the date inserted in this block does not	pecific and cannot be more than five business days prior to or 90 day meet the applicable statutory filing requirements, this date will not be
TLE V: Effective date, if other than the date iffective date is listed, the date must be a see of filing.) If the date inserted in this block does not current's effective date on the Department.	pecific and cannot be more than five business days prior to or 90 day meet the applicable statutory filing requirements, this date will not be
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CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not current's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a many This document is exect I am aware that any false constitutes a third degree.	meet the applicable statutory filing requirements, this date will not be tof State's records. Corlos Sologo Companies and authorized representative of a member. Sologo uted in accordance with section 605.0203 (1) (b), Florida Statutes. See information submitted in a document to the Department of State eee felony as provided for in s.817.155, P.S.