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.

(((H22000098787 3)))



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

3052201440

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I2000000019 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. \*\*

Email:	Address:			
COMMIT	Auuress:			

## FLORIDA LIMITED LIABILITY CO. SABIL GENERAL SERVICES LLC

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTION	
ARTICLE I - Name: The name of the I imited to the	
The name of the Limited Liability Company is:	
Sabil General Services LLC	
The mailing address and street address of the	-
The mailing address and street address of the principal office of the Limited Liability  Company is:	
11441 Sw 242 lone, Homestead, F1 33032	
TALL	
ARE AR	TI
ARTICLE III - Register-1	
The name and the Florid Registered Office:	1
Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	
/ ルニ	
1sis Janina Sabillon Fugon	
11441 51.2 2021	
11441 Sw 242 Lone, Homesteod, Fl 33032	
ARTICLE IV	
The name and title of each person and a significant to the significant	
Liability Company: (MGR or AMBR)	
Tsis This End to 1	
Isis Janina Sabillon Fugon (AMBR)	

## 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.

Tsis Vaning Sabillon Fugori Typed or printed name of signee

Having been named as registered agent and to accept service of process for the above lated 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)