

LAZARUS CORPORATE

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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

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

mail	Address:	

FLORIDA LIMITED LIABILITY CO. JR MULTISERVICE LLC

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



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APPROTECT	
ARTICLE I - Name: The name of the Limited Liability Company is:	·
_ JR MultiSerVice LL.	C
ARTICLE II - Address: The mailing address and street address of the princi Company is:	
19521 Sw 184 Ten Mami FL 33157	
Mami FL 33157	
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the regist Company cannot serve as its own Registered Agent. You must designate an in- with an active Florida registration.)	ered agent are: (The Limiteo Liability
Luis MANUEL Rodriguez	
10521 SW 184 Ten	
Huami FL 33157	
ARTICLE IV The name and title of each person authorized to mana Liability Company: (MGR or AMBR)	age and control the Limited
Luis MANUEL Rodriguez	HGR
10Se Hanono AMBR	R21
	35

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 Depa tment of State constitutes a third degree felony as provided for in s.817.155, F.S.

Lyis Manuel Bodingues

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 herely 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)

