Division of Corporations Electronic Filing Cover Sheet

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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 future annual report mailings. Enter only one email address please.

Email	Address:			
		 	 	

FLORIDA LIMITED LIABILITY CO. LEYVA'S CONSULTING INVESTMENT LLC

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

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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
wanpany is:
Leyva's Consulting Invesment LCC ARTICLE II - Address:
- Levya's Consull: -
CUISUITING / ALIAC MAINTE! / /
ARTICLE II - Address:
The mail:
the maining address and street address (1)
Company is:
The mailing address and street address of the principal office of the Limited Liability
851 NE 1 ave apT # 1506 miami FL 33132.
DOINE LAVE ONTHATA
1506 MIAMI E/ 22122
12 33136
ARTICLE III - Registered Agent, Registered Office:
The name and the Mariet Agent, Registered Office:
The name and the Florida street address of the registered agent are: (The Limited Liability with an active Florida registration.)
with me cutting serve as its own Registered Agent. You must desire tegistered agent are: (The Limited Lightim)
Company cannot serve as its own Registered Agent. You must designate an individual or another business entity
Plane Laure
Elaine Leyva.
DAL 11-
851 NE 1 ave apr # 1506 miami 72 33130
1000 # 1500 MIAMI 77 22122
35/50
**
DTICE D. III
RTICLE IV
he name and title of each person authorized to manage and control the Limited
iability Company: OACD . A terrain authorized to manage and control the Limited
/
61
CLQIND LOUVO LINNIAD
Elaine Leyva. (AMBR)
<u> </u>

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 9.817.155, P.S.

aine Lagua.

Typed of 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 695, F.S..

Registered Agent's Signature (REQUIRED)