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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Division of Corporations

Email Address:__

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019

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

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FLORIDA LIMITED LIABILITY CO. DL ANDERSON LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The state of the s
ARTICLE I - Name:
The name of the Time
The name of the Limited Liability Company is:
company Is:
e'
1)//\$ 0 0 0 0 /
DLANBERSON LLC
Joseph LLC
ARTICLE II - Address:
The mailine 11
address and street address of the
Company is:
The mailing address and street address of the principal office of the Limitxi Liability Company is:
10260 NW 63RD FER VALIT # 209
10000 1/11/102 22 1 1 1/1
THE PER WALL THE
ST 1 71
DURAL +1 32130
DORAL FL 33178
AC 28
<u>≥</u>
P
ARTICLE III - Registered Agent, Registered Office:
The The Registered Agent, Registered Office:
The name and the Florida street address of the registered agent are: The Limin d bigothy with an arther Florida street Agent. You must designate an individual or another beauty
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DIONIS PORO ANTERSON SE SE
DIONIS PENO ANDERSON PE S
TILLERGUN
102100 1111
10260 NW 63 Ferr Unit 200
10260 NW 63 Ferr. Unit 209
UVKHL + I 20170
00118
ARTICLE IV
The name and title of each person authorized to manage and control the Limited
Liability Company: (MGR or AMBR)
E-1. (e.roy or truthit)
DIONIS PENA ANDERSON (AMBR
HIDRUS I KINH HALBERSONI (HIMIAU
10 10 10 10 10 10 10 10 10 10 10 10 10 1
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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.

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 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)

2022 APR 12 AM 12: 5: