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.

(((H220001508313)))



H220001508313ABCW

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

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: 120000000019
Phone: (305)552-5973
Fax Number: (305)675-5944

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

Email	Address:	
CUMITY.	MMMI COO+	

A CELO ELLY ELD

22 APR 26 PH 2: 59

UNED DE COMMERCIAL

UNED DE COMMERCIAL

FLORIDA LIMITED LIABILITY CO. INTENSIVE SHINE CLEANING SERVICE 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

INTENSIVE SHINE Cleaning Service				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
44345W 129 AVE HIGHI FL 33175				
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (1) I Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another lusiness entity				
GISSelle Zulema COARNICA CANCIO 3 4434 SW 129 AVE MIAMI - FLESSITES				
4434 SW 129 AVE MIAMI - FLEGS3175				
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)				
Coisselle Zulema GARNICA CANCIO (AMBR)				

Required Signatures:

3052201440

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.

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)