Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000080019 Phone : (305)552-5973 Fax Number : (305)675-5944

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FLORIDA LIMITED LIABILITY CO. EXECUTIVE CHAUFFEUR SVCS. LLC

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

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A DVDV on
ARTICLE I - Name:
The name of the Limited Liability Company is:
Executive Charffer Sucs. LLC
ARTICLET
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
Find office of the Limited Liability
6561 NW 25th Ct.
25 (+.
Sunrise, FL 333/3
333/3
1 No.
ARTICLE III - Registered Agent, Registered Office:
Company cannot serve as its own Registered Agent. You must designate an individual or another business entity.
CI CI
Alain Jean Guerrier
6561 NW 25 HG CT
SUNRISE FC 33313
ARTICLE IV
The name and title of each person authorized to manage and control the Limited
Alain Jean Guerrier (AMBR)
Main Sean Guerrier (AMBR)

05

Required Signatures:

3052201440

	
Signature of a mei	mber or an authorized representative of a member.
	and an addition itself 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.

ALAIN JEAN GUERRIER
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)