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.

FLORIDA LIMITED LIABILITY CO. BAYAMITO & SONS TREE TRIMMING & STUMP REMOVAL LLC

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

S. CHATHAM JUN - 1 2022

Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the
name of the Limited Liability Co.
The name of the Limited Liability Company is:
· Bar II
terramito ? Son on
Approximately the trimust
ARTICLE II - Address:
The mailing address and at a second s
Bayam to \$ Son S tree trimming B Stump ARTICLE II - Address: The mailing address and street address of the principal office of the Limit in the Company is:
TO CO.
380 SIN 11745
The state of the s
unitudistinave
Unit # GSUJGU
7 7 7 9
miam; f1 33366
33/6
APProx
ARTICLE III - Registered Agent, Registered Office:
and the Florida street, Registered Office:
Company cannot serve as its own Recistered Andress of the registered agent and
The name and the Florida street address of the registered agent are: (The Limited Liability with an active Florida registered Agent. You must designate an individual or another business entity
3801 Sw 117th CIR
ave michael
Unit # 654 754 Michael mario Zamoro
Uni+ # 654 754
Miami FL 33265.
ARTICLE IV
The name and title of
Liability Company authorized to manage and
The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
Trichael Mario Zame
Michael Mario Zamera (AMBR)

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 penaltics 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.3.

Michael mario Zamora

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)