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

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

Email Address:\_

## FLORIDA LIMITED LIABILITY CO. LOZANO'S JEWELRY LLC

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

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Corporate Filing Menu

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	•
t = ==================================	
1030 015 7	
Lozano's Jewelry	240
ARTICLET	
ARTICLE II - Address:	
Company is:	al office of the Time and a
The mailing address and street address of the principal Company is:	a office of the Limited Liability
26327 SW 135th PI	
	·
Homestead FL, 33032	F
-Flumeslead +L, 33032	
Jankiel Lozano Rodi	Dec 2
Jankiel Lozano Rodrie	w Si I =
ARTICLE III - Registered A	100
The name and the Florida street address 60	E A
The name and the Florida street address of the register Company cannot serve as its own Registered Agent. You must designate an individual an active Florida registration.)	red agent are: (The Limiter Liability: 5
with an active Florida registration.)	ridual or another business entity
26327 SW 135 HD	•
11 + 1 = 1	
Homestead FL, 33032	
	Ω
YANKIEL LOZANO	KONRIGHEZ
,	ROBRIGUEZ
anticle IV	•
The name and title of each person authorized to manag Liability Company: (MGR or AMBR)	e and control the Limited
Liability Company: (MGR or AMBR)	
Van/in/	), (, , )
LOZGNO MOC	riquez (AMBR)
	0 2
-	

## Required Signatures:

11.

1 1	
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 herel:y 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)