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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 : (305)675~5944 Fax Number

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Email	Address:		

FLORIDA LIMITED LIABILITY CO. PROSUTEL, LLC

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

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RTICLE I - Name: e name of the Limited Liability Company is:	
PROSUTEL, LLC	
Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
(**************************************	
RTICLE II - Address:	of the Limited Liability Company is: Mailing Address:
RTICLE II - Address: the mailing address and street address of the principal office Principal Office Address:	
RTICLE II - Address: the mailing address and street address of the principal office	<u>Mailing Address</u> :

The name and the Florida street address of the registered agent are:

ANDRES E. DELGADO ASUAJE Name 1250 WEST AVE. APT: 9N Florida street address (P.O. Box NOT acceptable) 33139 MIAMI BEACH Zip State City

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..

Agent's Signature (REQUIRED)

(CONTINUED)

A	R'	TT	CI	F	IV.

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:			
MGR	ANDRES E. DELGADO ASUAJE 1250 WEST AVE. APT: 9N SOUTH BEACH, FL 33139			
all and the second				
(Use attachment if necessary)				
the date of filing.)	filing: 06/10/2022 (OPTIONAL) ic and caunot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed as			
ARTICLE VI: Other provisions, if any. ANY AND ALL LAWFUL BUSINESS	and 3 records.			
REQUIRED SIGNATURE:				
I am aware that any false info	program authorized representative of a member. n accordance with section 605.0203 (1) (b), Florida Statutes. primation submitted in a document to the Department of State only as provided for in s.817.155, F.S.			
ANDRES E DELGAD	IO ASTIAIE			

Typed or printed name of signee