Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

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Account Number : I20000000019 Phone : (305)552-5973

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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.

GOMEZ G LLC

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

Electronic Filing Menu Corporate Filing Menu

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
gomez ghhe	
ARTICLE II - Address	
The mailing address and street address of the principal office of the Limited 1 Company is:	Z022 JUL
322/ SW 9/ aul	
Miami # 33165.	Sign -
	9: 42
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limite.) Company cannot serve as its own Registered Agent. You must designate an Individual or another business entity with an active Florida registration.)	Liability
322/ 5W 9/ aul	
ulianei 7 33165.	
- Olga gomez	
ARTICLE IV The name and title of each person authorized to manage and control the Linit Liability Company: (MGR or AMBR)	ted
Olga Gomez (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 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 fellow as provided for in s.817.755, P.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 any position as registered agent as provided for in chapter 605, F.S..

Registered Agent's Signature (REQUIRED)