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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 : 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. RISE MIA LLC

			NISE WILL LILC		
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Electronic Filing Menu

Corporate Filing Menu

Help



ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of all the limit of the lamb of all the lamb of all the lamb of all the lamb of the	\ \
The name of the Limited Liability Company is:	
of the Limited Liability Company	
Or company is:	
ARTICLE II ALL	
ARTICIET	}
ARTICLE II - Address:	
The mailing address and street address of the principal office of the Limited Liability	
of the principal office of the Limit	-
——————————————————————————————————————	
11340 SW 70TH Ter M. a.M., FL 33173	
M. a.M., FL 33173	
A D'EV	
ARTICLE III - Registered Agent, Registered Office: Company capacity street address of the capac	
Company carrier and the Florida street address of Confees	~
The name and the Florida street address of the registered agent are: (The Limited Liability with an active Florida registration.) [Company cannot serve as its own Registered Agent. You must designate an individual or another business entity.]	
(The Limited 'inhittey	
Ricardo Isaac Smith	
Janes Smith	1
11340 SW 70 TH TES	
11340 SW 70 TH TER MIGMI, FL 33173	
3311)	
ADTICE	
ARTICLE IV	
The name and title of each person authorized to manage and control the Limited	_
Liability Company: (MGR or AMBR)	\
Bicardo Isaac Smith (AMBR)	
THEORY I SAAC SMITH (AMBR)	22
	_
	24
	, -
971	<i>3</i>

Required Signatures:

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 state. Rerein 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.

Ricardo I Saac Smith
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 herely accept the appointment as registered agent and agree to act in this capacity. I further agn e 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 agen; as provided for

Registered Agent's Signature (REQUIRED)