Florida Department of State

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To:

Division of Corporations

Fax Number

3052201440

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

: (305)552-5973

Phone Fax Number

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FLORIDA LIMITED LIABILITY CO. SENTINEL2022 LLC

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Estimated Charge	\$130.00

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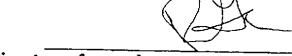
ARTICLE 1 - Name:

ARTICLES OF ORGANIZATION > FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
Sentine 2022 LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
9821 E Box Harbon Dr Apt 404
9821 E Box Harbor Dr Apt 404 Box Harbor Island 33154 FI
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limitual Liability Electromagny cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
9821 E Bay Harbor Dr Apt HOVE Bay Harbor Island 33154 FI
Bay Harbor Island 33154 FI
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
MGR: hoberto Jesus Guerra
MGR: Claudia Guerra
AMBR: Ruben Jesus Guerra
AMBR: Proporto Tecus Guerra

Required Signatures:

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 felony as provided for in s.817.155, F.S.

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 ager t as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)