3052201440

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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.

(((H22000260742 3)))



H220002607423ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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.

FLORIDA LIMITED LIABILITY CO. **LOLYS LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
LoLys LLC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Lia Company is:	bility
6421 SW SS ST Miami FL 33155	
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Lind Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) You dead Harring Rosello-	billey
6421 SW 55 ST	
MIANI FL 33155.	· · · · · · · · · · · · · · · · · · ·
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR) Vohandra Nartinez Rosello- (AMBR) Mary Loly Lopez Ruiz (AMBR) 6421 SW 55 ST Miarli FL 33155.	2 AUG - 2 2 AUG - 2 EGRELLAHASSE
(add and the CT	PM 2:
MiANI FL 33155.	35 35 S

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 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 i as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)