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.

(((H22000343551 3)))



H220003435513ABCZ

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 : I28000000019

Fax Number

Phone : (305)552-5973 : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mallings. Enter only one email address please.\*\*

Email	Address	:	
		<del></del>	



## FLORIDA LIMITED LIABILITY CO. EJS RESEARCH, 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	T _	No-
703		rame:

ARTICLE I - Name:
The name of the Limited Liability Company is:

-Freedy 15.
ARTICIEU AN RESEARCH LLC
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability  Company is:
of the principal office of the Limited Liability
75 Miracle Mile #7542
Coral Gables, FL 33134
ARTICLE III - Registered Agent, Registered Office:
The name and the Florida street address of the registered agent are: (The Limited Liability with an active Florida registered Agent. You must designate an individual or another husiness are:
Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
Jahziel Martinez
7515 SW 28 Street RD.
MIAMI, F1 33155
ARTICLE IV
The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
Talazial AA 1.
Jahziel Martinez AMBR
022 0
<u> </u>

EIN: 88-415

Required Signatures:

3052201440

Signature of a member or an authorized representative of a member.

In accordance with section 605.0208 (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 agnie 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)