Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.

Account Number : 104512000707 Phone : (305)803-2736 Fax Number : (305)646-1527

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. PROTEINLICK, LLC. Certificate of Status 0 Certified Copy 01 Page Count \$125.00 Estimated Charge

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	PRO	TEINLICK, LLC.		
(Must co	ontain the words "Limited Li	ability Company, "I	L.L.C.," or "LLC.")	
RTICLE II - Address: to mailing address and stree	et address of the principal off	fice of the Limited L	Liability Company is:	
<u>Prin</u>	cipal Office Address:		Mailing Address:	
9520 PEMBROKE PINES DR		9520	9520 PEMBROKE PINES DR	
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am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

"AMBR" = Authorized Member "MGR" = Manager MGR JOSE CACHUCHO 9520 PEMBROKE PINES DR SUN CITY, FL 33573 LE V: Effective date, if other than the date of filing:	Title	Name and Address:	
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