دب

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.

(((H22000388732 3)))



H220003887323ABC2

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 : 1200000000019

: (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. MNG LOCKSMITH LLC.

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

... [+:].

Electronic Filing Menu

Corporate Filing Menu

Help



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the view is a second	
The name of the Limited Liability Company is:	
MNG Locksmith LLe.	
ARTICLE II - Address:	
The mailing address and the	···
The mailing address and street address of the principal office of the Limited Liability Company is:	
291 NW 134th CT	
MIAMI FL 33182	
27:06.	
A DELCT TO	
ARTICLE III - Registered Agent, Registered Office:	Ξ:
	<u>د</u>
Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	
•	
Higuel Memosio Garcia Gonzalez.	
Jacaa GONZALEZ.	
291 NW 134th CT	
	· -
Mirri FC 33182	
ARTICLE IV	
The name and title of each person authorized to manage and control the Limited	
Liability Company: (MGR or AMBR)	
Winner 11-	
Miguel Newesso Garcia Gorgalez	
[0,100]	
(AMBR)	

ري ت

Required Signatures:

CULLU	
Signature of a member or ar	authorized representative of a member.

1111/11

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, 1'.S.

Miguel Klubsio Garcia Gonzalez
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 agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)