Division of Corporations Electronic Filing Cover Sheet

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From:	Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944	RËTARY DE ST NHASSEE, FLO	3EC 21 /M 10:	TILED
**E	inter the email address for this business entity to be used for f annual report mailings. Enter only one email address please.*	TATE ORIĐA	: 09	
	Email Address:			

## FLORIDA LIMITED LIABILITY CO. YAMIL JACOMINO LLC

Certificate of Status	1
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Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION
FLORIDA LIMITED LIARII ITY COMP
The name of the Limited Liability Company
Yamil Jacomiany is:
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
1575 W 57th TFR
Haleah Fl. 33012
ARTICLE III - Registered Agent, Registered Office:  The name and the Florida street address of the registered agent are: (The Limiter Liability with an active Florida registration.)
Hamil Barbara Jacomino
1575 W 57+n TER Hia F1 33012
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
Hamil Barbara Jacomino AMBR

## 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 Depai tment of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jamil Barbara Jacomino
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 herely 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)