Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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

Smoil	Address:			
CUMOTT	Auuress.			

FLORIDA LIMITED LIABILITY CO. **CROWN & DESIGNS, LLC**

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

Electronic Filing Menu

Corporate Filing Menu

ARTICLE 1 - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CROWN & DESIGNATION OF	ontain the words "Limite	rd Liability Commun.	MI I CON MILE ON		
	omani me words islinite	or chabinty Company	L.L.C., or "CLC.")		
ARTICLE II - Address: The mailing address and street	et address of the principa	l office of the Limited	Liability Company is:		
Princ	Principal Office Address:		Mailing Address:		
10375 NW 77th S	10375 NW 77th ST		10375 NW 77th ST		
DORAL, FL 33178		DO	DORAL, FL 33178		
ARTICLE III - Registered A	Agent, Registered Offici	e, & Registered Age	nt's Signature:		
(The Lumited Liability Compa another business entity with a	iny cannot serve as its ov in active Fiorida registrat	vn Registered Agent, tion.)	nt's Signature: You must designate an individual or	7	
(The Lumited Liability Compa another business entity with a	iny cannot serve as its ov in active Fiorida registrat	vn Registered Agent, tion.)	You must designate an individual or	?	
The Limited Liability Compa- another business entity with a	iny cannot serve as its ov in active Fiorida registrat	vn Registered Agent, iton.) ed agent are:	You must designate an individual or		
The Limited Liability Compa- another business entity with a	iny cannot serve as its own in active Fiorida registrates address of the register	vn Registered Agent, iton.) ed agent are:	You must designate an individual or	0.87.	
The Limited Liability Compa- another business entity with a	iny cannot serve as its own in active Fiorida registrates address of the register	vn Registered Agent, tion.) ed agent are: NCON DE FINOL Name	You must designate an individual or ALLAHASSEE, F	TOTAL AM	
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a The name and the Florida stre	iny cannot serve as its own active Fiorida registrate address of the register YOSLISBET M. RII	vn Registered Agent, tion.) ed agent are: NCON DE FINOL Name	You must designate an individual or ALLAHASSEE, F	TOTAL AM	
(The Turnited Liability Compa another business entity with a	iny cannot serve as its own active Fiorida registrate address of the register YOSLISBET M. RII	vn Registered Agent, tion.) ed agent are: NCON DE FINOL Name	You must designate an individual or ALLAHASSEE, FL	TOTAL AM	

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..

(CONTINUED)

gent's Signature (REQUIRED)

. . . .

as

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager				
MGR	YOSLISBET M. RINCON DE FINOL 10375 NW 77th ST			
	DORAL, FL 33178			
MGR	OSWALDO S. FINOL URDANETA			
	10375 NW 77tn ST			
	DORAL, FL 33178			
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	(S) (S)			
(Use attachment if necessary)	r_{ij}^{μ}			
ADTICLE V. Difference less literature de la constant	ing: <u>02/08/2023</u> (O)TICE(AL) 3			
ARTICLE V: Effective date, if other than the date of fill				
the date of filing.)	and cannot be more than five business days prior to or 70 days afte			
	the applicable statutory filing requirements, this date will not be listed			
the document's effective date on the Department of Sta				
· ·	110 (1000) (00.			
ARTICLE VI: Other provisions, if any.				
ANY AND ALL LAWFUL BUSINESS				
REQUIRED SIGNATURE:				
* Charlensee	HA.			
This document a reasoned in	for an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes.			
I am aware that any false info	rmation submitted in a document to the Department of State			
	ny as provided for in s.817.155, F.S.			

YOSLISBET M. RINCON DE FINOL

Typed or printed name of signee