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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Fax Number : (305)675-5944

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FLORIDA LIMITED LIABILITY CO. CYBER REALM LLC

Certificate of Status	1
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Electronic Filing Menu Corporate Filing Menu

Help

ARTICLE I - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
Cyber Realm LLC		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited I Company is:	Liability	
8235 Park BLVD	_	
Apt 2303		
Miami, FL 33126		
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limite a Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	l Liability	
Omar manuel Rodriguez Gor	1201	c2
8235 Park Blud Apt 2303		
Miami F1 33126		
ARTICLE IV The name and title of each person authorized to manage and control the Lin: Liability Company: (MGR or AMBR) Omar Manuel Rodriguez Gonzalez (AMBR) Omar Rogelio Rodriguez (AMBR)	ited, ALLAHASSEH STORIDA	2029 MAR - 3 PK II: 3
	- 1 10/	<u>ω</u>
:		

Required Signatures:

A de

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

Unar Manuel Rodriquez 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 here'ty 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)

2023 HAR -3 PH 11: 31