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## L23 Charles of State 39 Electronic Filing Cover Sheet

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.

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	Fax Number	: (850)617-6381			
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	Account Number	: 120000000019			
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## FLORIDA LIMITED LIABILITY CO.

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
2ARDILLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
14213 SW 100 LANE
Mignei Ft 33186
ARTICLE III - Registered Agent, Registered Office:  The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate on individual or another business entity with an active Florida registration.)
14219 SQ 100 (ANE
Miner of 33/86.
Amauny Valdes
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)  AMBR  AMBR
DAMARIO ORTEGA 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 Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

A mauby Valdos
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)

name a sta