Division of Corporations 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.

(((H230000978073)))



H230000978073ABC3

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.

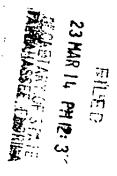
Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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. JOHAKAUL SERVICE CARS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	0.3
Estimated Charge	\$130.00



, ,

Electronic Filing Menu

Corporate Filing Menu

Help

ANTICLES OF ORGANIZATION FOR FLORI	DA LIMTIED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
JOHAKAUL SERVICE CARS, LLC	
(Must contain the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of <u>Principal Office Address</u> :	
remeipar Ornce Address:	Mailing Address:
53 NE 14TH STREET	53 NE 14TH STREET
STE 1408	STE 1408
MIAMI, FL 33132	MIAMI, FL 33132
ARTICLE III - Registered Agent, Registered Office, & Registered Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	rred Agent. You must designate an individual or
The name and the Florida street address of the registered agent of	ro.

<u> JCSEB</u> F	<u> IASKOUR</u>	DAOUD	
		Name	
53 NE 141	TH STREE	T. STE 1408	
Florida st	reet addres	ss (P.O. Box <u>NOT</u> ac	eceptable)
МАМІ		FL	33132
	City	State	7.;p

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)

\mathbf{A} .	R	Т	I	C	L	Е	1	٧	

Th	ie name and address of each person authorized to manage and control the Limited Lia vility Company:

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	JOSE B HASKOUR DAOUD 53 NE 14TH STREET, STE 1408 MIAMI, FL 33132
MGR	GUSTAVO A. HERNANDEZ RIZZO 53 NE 14TH STREET, STE 14C8 MIAMI, FL 33132
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of (If an effective date is listed, the date must be specthe date of filing.) Note: If the date inserted in this block does not me the document's effective date on the Department of	of filing: 03/14/2023 (OPTIONAL) rific and cannot be more than five business days prior to or 90 days after set the applicable statutory filing requirements, this date will not be listed as State's records.
ARTICLE VI: Other provisions, if any. ANY AND ALL LAWFUL BUSINESS	
REOURED SIGNATURE	ber or an authorized representative of a meraber. in accordance with section 605.0203 (1) (5), Florida Statutes.

JOSE B HASKOUR DAOUD

Typed or printed name of signee

