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.

LAZARUS CORPORATE

(((H23000102553 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Phone

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. **

Contl	Address:		

FLORIDA LIMITED LIABILITY CO. MEGA SUPPLY & SERVICE, LLC

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

2023

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR	T	CL	Æ 1	-	Name:
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The name of the Limited Liability Company is:

3052201440

MEGA SUPPLY & SERVICE, LLC	
THE OCKNOCK, LLC	
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	
Thinked Limited Liability Company "1 1 C " at Low	

ARTICLE H - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
5420 NW 114 AVE APT 202 DORAL, FL 33178	5420 NW 114 AVE APT 202 DORAL FL 33178

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Fiorida registration.)

The name and the Florida street address of the registered agent are.

DIEGO E. PRI	ETO MOLINA	
	Name	
5420 NW 114		
	address (P.O. Box <u>NOT</u> ac	rceptable)
DORAL	FL	33178
City	State	Zip

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 ! 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)

(CONTINUED)

. . . .

	Title: "AMBR" = Authorized Member "MGR" = Manager	Same and Address:
	AMBR	DIEGO E. PRIETO MOLINA
		5420 NW 114 AVE. APT 202
		DORAL, FL 33178
	MGR	JUAN T. REYES T.
		5420 NW 114 AVE. APT 202
		DORAL, FL 33132
	(Use attachment if necessary)	
RTIC	EV: Effective date, if other than	the date of filing: <u>03/14/2023</u> . (OPTIONAL)
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DIEGO E, PRIETO MOLINA

Typed or printed name of signee