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.

(((H23000130177 3)))



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 : (305)675-5944 Fax Number

\*\*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. PINCELCAR LLC

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



Electronic Filing Menu

Corporate Filing Menu



ARTICLE I - Name:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Pincelcar LLC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
9751 West Okcechobe Road	
Hiulech Gardens, Florida 33016	
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limitea Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity	
with an active Florida registration.)  YEFENSON Eduardo Scrrano Espinoza  9751 West Oracchobe Ro 33016	
Highpah Gardens, Florida	
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MCR or AMPR)	
Yeterson Eduardo Serrano Espernoza 9751 West Okrechobe Ru 33016	
	GEC TEMP
Haleah Gardens, Florida Ha	
FL FL	

## 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 state I herein are true. I am aware that any false information submitted in a document to the Dep 1 tment of State constitutes a third degree felony as provided for in s.817.155, H.S.

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 a tree 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 at ent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)