Florida Department of State

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.

(((H230001339703)))



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. **2412-2414 VENICE AVE N, LLC**

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

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:		
2412-2414 Venice Ave N, LLC		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited I Company is:	iability	~
101425 Overseas Hwy		
Svite #66		-
Mey largo , f1 33037		_
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	LiabUtty	-
Jorge Gonzalez		
101425 Overseas Huy Svite #60		-
hey Largo, f1 33034		
ARTICLE IV The name and title of each person authorized to manage and control the Limit Liability Company: (MGR or AMBR)		-
Jorge Gonzalez (AMBR)	2023 APR SECRATI TALLA	
	SAR MASS	
	AM 9: 33	
	1	-
		-

Required Signatures:

3052201440

Signature of a member of 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 Der a tment of State constitutes a third degree felony as provided for in s.817.155, 7.8.

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 againt as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)