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he name of the Limited Liability	•	o
	Dette Pil	Y Company, "L.L.C.," or "LLC.")
(Must conta	in the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	ldress of the principal office of	the Limited Liability Company is:
Principa	al Office Address:	Mailing Address:
137/ N/in		1371 NW 37 51 MIGMIL PR 33142
.RTICLE III - Registered Age	nt, Registered Office, & Reg	istered Agent's Signature:
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ARTICLE III - Registered Age The Limited Liability Company	nt, Registered Office, & Registerannot serve as its own Registerive Florida registration.)	istered Agent's Signature: ered Agent. You must designate an individual or are:
ARTICLE III - Registered Age The Limited Liability Company nother business entity with an a	nt, Registered Office, & Registerannot serve as its own Registerive Florida registration.)	istered Agent's Signature: ered Agent. You must designate an individual or are:
ARTICLE III - Registered Age The Limited Liability Company nother business entity with an a	nt, Registered Office, & Registerannot serve as its own Registerive Florida registration.)	istered Agent's Signature: ered Agent. You must designate an individual or are:
ARTICLE III - Registered Age The Limited Liability Company nother business entity with an a	nt, Registered Office, & Registerannot serve as its own Registerive Florida registration.)	istered Agent's Signature: ered Agent. You must designate an individual or are:
ARTICLE III - Registered Age The Limited Liability Company nother business entity with an a	nt. Registered Office, & Registration and Registration.) address of the registered agent C/AVAL+ Name 137/ NV Florida street address (P.O.	istered Agent's Signature: ered Agent. You must designate an individual of are: Berfrand
ARTICLE III - Registered Age The Limited Liability Company nother business entity with an a	nt. Registered Office, & Registration and Registration.) address of the registered agent C/AVAL+ Name 137/ NV Florida street address (P.O.	istered Agent's Signature: ered Agent. You must designate an individual of are: Berfrand 1. 37 57

Having been named as registered agent and to accept service of process for the above stated amiled natural company in an 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.,

Regisfered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager AMB/2	Claudette Bertrand 1371 NW 37 St MIGMI, EL 33182		
If an effective date is listed, the date must be sp he date of filing.)	of filing:		
ARTICLE VI: Other provisions, if any.			
REQUIRED SIGNATURE:			
This document is execu I am aware that any falso constitutes a third degree	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes, einformation submitted in a document to the Department of State efclony as provided for in s.817.155, F.S. FAUCLIFE Bertrand		
	Typed or printed name of signee		

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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