L230 Grade a market at 704 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.

(((H23000137487 3)))



H230001374873ARC2

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.

Enail Address:_

FLORIDA LIMITED LIABILITY CO. BEST WAY E-COMMERCE LLC

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

"2020 APR 13 PM 10: 21,

ф С

ထံ

Electronic Filing Menu

Corporate Filing Menu

Help



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		- -	- COMILVIA	(
ARTICLE I - Name: The name of the Limits 1 x 1 x 1 x 1 x 1 x 1 x 1 x 1 x 1 x 1					
The name of the Limited Liabilit	ty Company i	s:			
Best Way E. ARTICLE II - Address:	-Commo	wa //C	1		
ARTICLE II - Address:		The pho			
Company is:	ddress of the	principal office	of the Limited	iability	_
5000 SW 9	ave	Hiami Z	7 321/15	-	
·			33 760	<u> </u>	_
				- 	
					_
ARTICLE III - Registered Agent, I	Registered Of	fice:			-
The name and the Florida street a Company cannot serve as its own Registered Ages with an active Florida registration.)	ddress of the	registered ager	it are: (The Limited I.	ahilin.	
· · · · · · · · · · · · · · · · · · ·	·=		orner ousiness entity		
- Refael Pérez C	Parcio			1 202	
Dafael Pérez C 5000 SW 97 ave	1/	<u> </u>			~ []
0000 8W 17 ave	2 /4ic	ami FL	33/65	AH. R	C 444 CP
				PM (SSE	m
ARTICLE IV				- O G	
The name and title of each person a Liability Company: (MGR or AMB)	authorized to R)	manage and co	ntrol the Limited	전 21	
RAFAEL PE	REZ	GARCI	A (Ami	BR)	
			-	<u> </u>	
					

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 stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

RAFAEL PEREZ GARUA
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 agent as provided for in Chapter 605, F.S.,

Registered Agent's Signature (REQUIRED)