Electronic Filing Cover Sheet

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Division of Corporations

Fax Number

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone

: (305)552-5973

Fax Number

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please."*

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FLORIDA LIMITED LIABILITY CO. HANDMADE BY BURGUNDY LLC

Certificate of Status	1
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Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company. "L.L.C.," or "LLC.")

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ARTICLE II - Address:

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

4635 SW 125th LANE, MIRAMAR, FL, 33027

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (The Limited Diability 🔾 Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

ERIKA BERNARDA MORALES

4635 SW 125th LANE, MIRAMAR, FL, 33027

ARTICLE IV-

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

ERIKA BERNARDA MORALES - MANAGING MEMBER CORNELIA EVELYN SZÉNTIKS : MANAGING MEMBER 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 lierein 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.

Eniks Tons Es

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 without 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 mit Charley 60s. P.S..

Registered Agent's Signature (REQUIRED)