

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.

(((H23000157903 3)))



H230001579033ABC/

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 : I2000000019
Phone : (305)552-5973

Frone : (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. ANTONIO WORKER SERVICE LLC

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

AGUELVEU 123 APR 27 PM 4:20

YETARY OF STA

Electronic Filing Menu

Corporate Filing Menu

Heln

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: (Mist end with the words "Linked Liability Company, "LLC," or "LLC,")

ANTONIO WORKER SERVICE LLC

## ARTICLE II - Address:

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

219 NW 12TH AVE APT 708

MIAMI FL 33128

## ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (The Limited Liability Company connot serve as its own Registered Agent. You must designate an individual or another besiness entity with an active Florida registration.)

## CARLOS ANTONIO MEZA GARCÍA

219 NW 12TH AVE APT 708

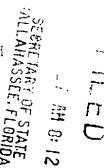
**MIAMI FL 33128** 

#### ARTICLE IV-

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

CARLOS ANTONIO MEZA GARCIA

AMBR



## Required Signatures:

CAYLOS MEZA

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (t) (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 follow as provided for in s.817.155, F.S.

> CARLOS ANTONIO MEZA GARCIA 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.,

CAVIOS MEZA

Registered Agent's Signature (REQUIRED)