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.

(((H23000196325 3)))



H230001953253ABC+

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. ARNOLITO & G SERVICES LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

(:)

ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is: (Must end with the words "Liability Company is: (Must en		
ARNOliTo 3 6 SERVICES LLC		
ARTICLE II - Address:		
The mailing address and street address of the principal office of the Limit	ed Liability	
Company is: 108 68 SW 6 ST miAmi FL 33174		
		
		
ARTICLE III - Registered Agent, Registered Office:		
The name and the Florida street address of the registered agent are: (The L Company cannot serve as its own Registered Agent. You must designate an individual or another with an active Florida registerial Registered Agent.	imited Liability	
an an active 1 to tale registration.)		
Arnold Manuel Lopez DIAZ		
10868 SW 65T MIHMI FL 33174		
12500 30 03 FRITTING 1 - 35111.	_	
		
ARTICLE IV-		
The name and title of each person authorized to manage and control the Liability Company:	imited	
ARnold MANUEL LOPEZ DIAZ (AMBR)		
(AMBR)		<i>(</i>)
	023 N ECH TAL	
	AN THE PARTY OF TH	0 0
	30	(27)
	유의 교	m
	Y 30 PH 12: 32	
	32 \TE	

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.

ARNO Id Manuel Lope 2 din 2_ 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)

2023 MAY 30 PH 12: 3:

62