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.

(((H23000207836 3)))



H230002078363ABC+

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 : EXPRESS FILINGS INC

Account Number : I20220000042
Phone : (786)370-2432
Fax Number : (786)865-6349

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

Email Address: vigovigocpa@aol.com

23 JUN -8 PM 4: 36

FLORIDA LIMITED LIABILITY CO. MR-SHADES, LLC

Certificate of Status	()
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

SCORETARY OF STATE ALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

Page: 2 of 3

(((H23000207836 3)))

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:				
	MR-SHADES	S, LLC			
(Must cont	ain the words "Limited Liability Cor	npany, "L.L.	C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street ad	dress of the principal office of the I	Limited Liabi	lity Company is:		
Principal Offic	e Address:		Mailing	Address:	
8051 NW	79TH PL		8051 NW	/ 79TH PL	
MEDLEY, I	-L 33166		MEDLEY,	FL 33166	
another business entity with an a	address of the registration.) JEANETTE ESCU Nam		sq		
	8051 NW 7 Florida street address (P.O. Box		able)		
	MEDLEY	 FL	33166		
	City		Zip		
dace designated in this certificate, in ther agree to comply with the pr	igent and to accept service of proces. I hereby accept the appointment as revisions of all statutes relating to the ligations of my position as registered registered Agents's S (CONTIN	registered age proper and c d agent as pro Signature (RE	nt and agree to act to complete performanc vided for in Chapter	in this capacity, I se of my duties, and I	

(((H23000207836 3)))

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" - Manager	
AMBR	ULISES SENARIS
	8051 NW 79TH PL
	MEDLEY, FL 33166
AMBR	YOEL RODRIGUEZ
	8051 NW 79TH PL
	MEDLEY, FL 33166
AMBR	DAGOBERTO VASALLO
	8051 NW 79TH PL
	MEDLEY, FL 33166
(Use attachment if necessary)	
TLE V: Effective date, if other than the date offective date is listed, the date must be speed of filing.)	neet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other than the date offective date is listed, the date must be speed filing.) If the date inserted in this block does not meanment's effective date on the Department of CLE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a me This document is execut	neet the applicable statutory filing requirements, this date will not be listed of State's records. The property of a member of an authorized representative of a member of an authorized representative of a member of the property of the p
CLE V: Effective date, if other than the date offective date is listed, the date must be speed filling.) If the date inserted in this block does not meanert's effective date on the Department of CLE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a me This document is execut I am aware that any false	ecific and cannot be more than five business days prior to or 90 days a neet the applicable statutory filing requirements, this date will not be listed of State's records.