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.

(((H230002198073)))



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 : 120000000019 : (305)552-5973 Phone 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. **EVENTSOCHOA LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLE I - Name:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Events Ochoa LLC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited I Company is:	Liability
29 NW 12 th are 33128 - Miami (Florida) Apt 802	
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limiter Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	
Mariuxi Genevit Ocha Vivas	
219 NW 12th ave 33128 Apt 802-Méani (Florida)	·
ARTICLE IV The name and title of each person authorized to manage and control the Lin Liability Company: (MGR or AMBR)	uited
Moreivei Genevit Ochos Vivas - AMBR	
	2023
	<u>;                                    </u>
	- PH 1
Page 1	2: 5.5

## **Required Signatures:**

Mouve (Pchar)
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.

MARIUXI YENEVIT OCHOR VIVAS

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..

Mount Ochoo

Registered Agent's Signature (REQUIRED)

Page 2 of 2