## Florida Department of State

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Division of Corporations

Fax Number : (850)617-6381

## From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for furume annual report mailings. Enter only one email address please. \*\*cn\_

- 13		
Emall.	Address:	

## FLORIDA LIMITED LIABILITY CO. MR CLEAN AIR CONDITIONING LLC

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

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THE NAME OF The L	imited lightlift. Comme
AMO HOTTIC OF FILE F	audicu Liability i amnany ie

MR Clean air Condition 11	va LLe
ARTICLE II - Address: The mailing address and street address of the principal office of the Lin Company is:	
18651 SW 127 CT	
MIAMI F-1 33177	
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Company cannot serve as its own Registered Agent. You must designate an individual or another is with an active Florida registration.)	Limited Etabilitys
18651 3W 127 CT	9 PM 5
MIAMI F1 33177	92 92 <b></b>
The name and title of each person authorized to manage and control Liability Company: (MGR or AMBR)	the Limited
AMB R	
Kevin Gonzalez	
AMBR	

Lonzalez

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.

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 the position as registered agent as provided for

in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)