ectronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 : (305)552-5973 Phone : (305)675-5944 Fax Number

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. CELLTEC OUTLET LLC

Certificate of Status	1
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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:	
Celltec Outlet LLC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
11258 Sw 34 Lane	-
Miani, FL 33165	_
	-
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity: With an active Florida registration.) Social Pado France	مودره الأساس المعارض الأساس المعارض المع المعار المع المعارض المعارض المعارض المعارض المعارض المعارض المعاص المعارض المعارض المعاص المعاص المعارض المعار الماص المعار الماص المعارض المعاص المعاص الماص الم
Miami FL 33 165 PA 0	- <u>[</u> _
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR) Soslan Page (AMBR)	
DESTAY 179CO (FILIDE)	

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.

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 herely 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 ager t as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

Page 2 of 2