LAZARUS CORPORATE

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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 : (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. G DYNASTY PROPERTIES LLC

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

Electronic Filing Menu

Corporate Filing Menu

He!p



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ARTICLES OF ORGANIZATION FOR FLORIDA	A LIMITED LIARILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
G DYNASTY PROPERTIES LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office of the	he Limited Liebilles Community
o a service of the periodipar office of the	the Ethnied Liability Company is:
Principal Office Address:	Malling Address:
18331 PINES BLVD # 167	18331 PINES BLVD # 167
PEMBROKE PINES	PEMBROKE PINES
FL 33029	FL 33029
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	tered Agent's Signature: ed Agent. You must designate an individual or
The name and the Florida street address of the registered agent are	e:
LUIS F ROSALES	
Name	-1;
5931 NW 173 DR SUITE 9	ALI:

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.,

Florida street address (P.O. Box NOT acceptable)

State

MIAMI

City

Registered Agent's Signature (REQUIRED)

33015

Zip

(CONTINUED)

"MGR" = Manager		
AMBR	JAIME GIRALDO GARZON 18331 PINES BLVD # 167 PEMBROKE PINES, FL 33029	
AMBR	JAQUELINE DEL SOCORRO 18331 PINES BLVD # 167 PEMBROKE PINES, FL 33029	
AMBR	JAIME ANDRES GIRALDO ANGEL 18331 PINES BLVD # 167 PEMBROKE PINES, FL 33029	
(Use attachment if necessary)		2023 JUN
an effective date is listed, the date must be speaked of filing.)	meet the applicable statutory filing requirements, this date was of State's records	or 90 days after
TICLE VI: Other provisions, if any.		II: 51 STATE
REQUIRED SIGNATURE:	I Rub	
	cember or an authorized representative of a member.	

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)