Division of Corporations Electronic Filing Cover Sheet

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 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. FLORIGAS EQUIPMENT, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FLORIGAS EQU	- ^
(Must contain the words "Limited Liab	llity Company, "L.IC.," or "LLC.")
TICLE II - Address:	
mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2990 NW 24 Street, Miami, FL 33142	2990 NW 24 Street, Miami, FL 33142
FICLE III - Registered Agent, Registered Office, & R	egistered Agent's Signature:
Limited Liability Company cannot serve as its own Reg	
e Limited Liability Company cannot serve as its own Regither business entity with an active Florida registration.)	it are:
ther business entity with an active Florida registration.) name and the Florida street address of the registered ages	nt are:

2990 NW 24 Street.

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

MIAMI FL. 33142

City State Zip

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. Thereby 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.

Registered Agen's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE

ARTICLE IV.

The name and address of each person auth	torized to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR and MGR	DANIA COSTA 2990 NW 24 Street, Miami, FL 33142
AMBR and MGR	RICARDO COSTA 2990 NW 24 Street, Miami, FL 33142
(Use attachment if necessary)	
the date of filing.)	filing (OPTICNAL) ic and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed as state's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	12/1
I his document is executed in I am aware that any false info	er or an authorized representative of a member. an accordance with section 605.0203 (1) (b), Florida Statutes, Floring as provided in a document to the Department of State Propagation in s.817.155, F.S.
	DANIA COSTA ped or printed name of signee

Filing Fees;

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)