

Electronic Filing Cover Sheet

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To:	Division of Co Fax Number	rporations : (850)617-6381	RETARY	AUG - 2	2200 - 220 - 220 - 220 - 220 - 220 - 200 - 200 - 200 - 200 - 200 -
From:	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC. : I20000000019 : (305)552-5973 : (305)675-5944	Y OF STATE SSEE, FL	PH 3: 39	

**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. INTERNATIONAL SERVICES AND ASSOCIATES, LLC

Certificate of Status	1		
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:



ARTICLE IV

The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)



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 aerein are true. I am aware that any false information submitted in a document to the Department of Stars constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee PĦ بې g

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..

Registered Agent's Signature (REQUIRED)

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