Division of Corporations Electronic Filing Cover Sheet

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	Division of Corporations	2023
	Fax Number : (850)617-6381	
From:		
	Account Name : LAZARUS CORPORATE FILING SERVICE, I	INC SS S
	Account Number : I20000000019	(/ · · · ·
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annual report mailings. Enter only one email address please.**

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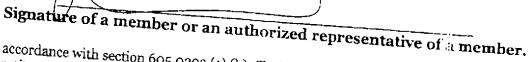
AUG 16 FM 38 BC

FLORIDA LIMITED LIABILITY CO. 305 SHAKES AND WEIGHTS 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: The name of the Limit along and
The name of the Limited Liability Company is:
305 Shaka and 1 1 1
ARTICLE 11-Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
11845 SID 252nd Ter = 3 8
Homestead, FL 32032
ARTICLE III - Registered A court IV
The name and the Florida street address of the registered agent are: The Limited Liability with an active Florida street Agent. You must designate an individual or another to
Company cannot serve as its own Registered Agent. You must designate on individual or another business entity
Martha Elizabeth Poravo
11845 SW 252nd Tex.
Houstond FL 33037
ARTICLE IV
The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
i o
Martha Elizabeth Bravo



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.3.

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 my position as registered agen as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)