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.

(((H23000307763 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

: (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.

C47	Address:			
Emaii	AUDITESS:			

FLORIDA LIMITED LIABILITY CO. **OLGA VILLAR LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARI	ICLE	1.	Name:
	431,1	T -	14311116.

The name of the Limited Liability Company is:

OLGA VILLAR LLC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
228 NW 34 ST APT 7 MIAMI, FL 33127	-
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liability with an active Florida registered Agent, You must designate an individual or another business antity OCALUGA VILLAM	
	2023 SH
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)	P-5 M
OLGA LUCIA VILLAR (AMBR) FA	8:

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 Deportment of State constitutes a third degree felony as provided for in s.817.155, F.S.

OLGA LUCIA VILLARE

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 here by accept the appointment as registered agent and agree to act in this capacity. I further agrice 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..

Olgn fruid Villas Registered Agent's Signature (REQUIRED)

> 2023 SEP -5 AM 8: 14 SECRETARY OF STATE