Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: I200000000019 Phone : (325)552-5973 Fax Number : (305)675-5944

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Fmall	Address:			

FLORIDA LIMITED LIABILITY CO.

COMPANIA FOREVER LLC THREE SERVICES

Certificate of Status	1
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Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Compania forever LLC THREE SERVI	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	Œ.
1810 SQ 92 0T	
MIAMI FC 33165	
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity With an active Florida registration.) HARITZA RODRIGUEZ MARTINEZ 1810 SW 92 CT MIRMI FL	
ARTICLE IV The name and title of each person authorized to manage and control the Limited ALLANDER Liability Company: (MGR or AMBR) MARITZA Rodriguez Martinez FAIL FINE F	

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 Department of State constitutes a third degree felony as provided for in s.817.155, F.3.

Have ta Codresult Maintinez
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)

2023 SEP -5 AH 8: 14 SECRETARY OF STATE