Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

mail.	Address:			

FLORIDA LIMITED LIABILITY CO. BY PERTUSO LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

The name of the Limited Liability Company is: (Must contain the words Limited Liability Company, L.L.C. or LLC.

BY PERTUSO LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

1600 PONCE DE LEON BLVD 10TH FLOOR STE 1000

CORAL GABLES, FLORIDA 33134

ARTICER 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 un active Floridu registration.)

HENRY CRISTO

1600 PONCE DE LEON BLVD 10TH FLOOR, STE 1000

CORAL GABLES, FLORIDA 33134

ARTICLE IV-

The name and title of each person authorized to manage and control the Limited Liability Company:

VALENTINA PERTUSO - MGRM

HENRY CRISTO - MGRM. ...

Page 1 of 2

Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (i) (b), Florida Statules, the execution of this document constitutes amaffirmation under the penalties of perjury that the facts stated her ain 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.S.

VALENTINA PERTUSO

Typed or printed name of signce

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)

Page 2 of 2