23 Pricks Department of tan 782 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.

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-,	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 Phone : (305)552-5973	
	Fax Number : (305)675-5944	
Ent	ter the email address for this business entity to be used for futur annual report mailings, Enter only one email address please.	
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Ent	ter the email address for this business entity to be used for futur annual report mailings, Enter only one email address please.	

Page Count

Estimated Charge

03

\$130.00

ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

APTICATION
ARTICLE I - Name: The name of the Line is a second of
The name of the Limited Liability Company is:
Estarita II
ARTICLE II - Address:
The mailing address and street address 513
The mailing address and street address of the principal office of the Limited Liability
16141 S. 70th -
16141 Sw 79th Terrace
Miani, Florida 22102
Miani, Florida 33193
ARTICLE III - Registered Agent, Registered Office:
The name and the Florida street address of the registered agent are: (The Limite I Liability with an active Florida registered Agent. You must designate an individual or another hysiness and active Florida registration.)
Company cannot serve as its own Registered Agent. You must designate an individual or another business entity.
Justin Nicholas Estatil
16141 Sw 79th Terrace
Miami, Florida 33193
ARTICLE IV
The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
Justin Nicholas Estarita AMBR
Catles All I Take
Carlos Alberto Estavita JR. AMBR

EIN: 93-3505499

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.S.

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 agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)