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.

(((H230003541043)))



H230003541043ABCW

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					
		U i	Fax Number	: (850)617-6381				
	50	Z. OFrom•						
	.;.	(2)	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.				
111		લી દેવક	Account Number					
Ш >	盃	437	Phone	: (305)552-5973				
	<u> </u>		Fax Number	: (305)675-5944				
	ف	٠,						
\$.5	; 	**E	nter the email a	ddress for this business entity to be used for the				
1_	3	annual report mailings. Enter only one email address please.**						
	2023		Email Address					

FLORIDA LIMITED LIABILITY CO. **GONZ CARRIER LLC**

be used for future

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

ARTICLE I - Name: The name of the Limited Liability Company is:		
BONZ CARRIET ELC		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited L Company is:	iability	
280 SW 48 AUE		
Miani, F1 33134		
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) Educatdo Gopzalez Tr	Liability	
280 SW 48 AUE		,
miani Fl. 33134		 -
ARTICLE IV The name and title of each person authorized to manage and control the Limit Liability Company: (MGR or AMBR)	<u> </u>	202 2 C
Edvardo Gonzalez Ir.	Š2	-9
	_	ED:
		10.
· · · · · · · · · · · · · · · · · · ·		

. . . .

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)

1411 ... Ser. 1301. 4:04

\$10/10/23