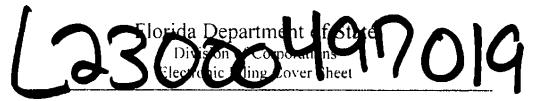
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000380810 3)))



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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 : VCORP SERVICES, LLC

Account Number : 120080000067 : (945)425-0077

Fax Number : (845)818-3588

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

Email	Address:
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FLORIDA LIMITED LIABILITY CO. Lara Project LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARIK LISCHORGANIZATION FOR FLOR	RIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	•
The name of the Limited Liability Company is:	
Lara Project LLC	
(Must end with the words "Limited Liab	pility Company, "L.L.C.," or "LLC,")
ARTICLE II - Address:	
The mailing address and street address of the principal office	of the Limited Liability Company is:
,	
Principal Office Address:	Mailing Address:
235 Park Ave S, 9th Floor	235 Park Ave S, 9th Floor
New York, NY 10003	New York, NY 10003
ARTICLE III - Registered Agent, Registered Office, & Re	
(The Limited Liability Company cannot serve as its own Regi another business entity with an active Florida registration.)	istered Agent. Fou must designate an individual or
another cusiness entity with an active ritorial registrationly	
The name and the Florida street address of the registered agei	nt are:
Vcorp Agent Services, Inc	c.

Vcorp Agent Service	es, Inc.	
	Nane	
1200 South Pine Isla	ind Road	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
Plantation	FL	33324
CÞ.	State	Zip

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..

> manut. Registered Agent's Signature (ARCLEAD)

> > (CONINCED)

Pge1d2

<u>Title:</u> "AMBR" = A "MGR" = Ma	uthorized Member	Name and Address:
AMBR		Lara Publishing LLC
		235 Park Ave S, 9th Floor
		New York, NY 10003
AMBR		Felix A Lara Colmenares
		235 Park Ave S, 9th Floor
		New York, NY 10003
-		
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JEV: Effective fective date is I of filing.) If the date insert ment's effective	edate, if other than the disted, the date must be ed in this block does not edate on the Departme	specific and cannot be more than five business days prior to or 90 of the the applicable statutory filing requirements, this date will not
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