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.

(((H23000431880 3)))



H230004318B03ABC\$

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 : LAZARUS CORPORATE FILING SERVICE, INC.

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

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

Email Address:____

FLORIDA LIMITED LIABILITY CO. PROYMAX LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: EFFECTIVE DATE 1-1-2024
The name of the Limited Liability Company is:
- PROYMAX LLC
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
1600 B
1600 BACE DE LEON BLV.
Svite 10. CORAL GABLES, IL
33/34
<u> </u>
ARTICLE III - Registered Agent, Registered Office:
The name and the Florida street address of the registered agent are: (The Limiter' Liability with an active Florida registration.)
with an active Florida registration.)
HENRY TUNIOR CRISTO GONZALEZ
HENRY DUNIOR CRISTO GONZALEZ 1600 PONCE DE LEON Blva. SVITE 10. CORAL
GABLES FLORIDA, 33134
ARTICLE IV
The name and title of each person outlier at
The state of the s
HENRY JUNIOR CRISTO GONZA / #2 (AMRO)
HENRY JUNIOR CRISTO GONZALEZ (AMBR) CARLOS MIGUEL CADET VARGAS (AMBR) JEAHVALV LOGET LOGET VARGAS (AMBR)
JEAHNNY LORENNE RENIDON (AMED)
GIOVANA M. VALENCIA (AMBR)

EIN: 93-4918112 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 ager t as provided for

in Chapter 605, F/S..

Registered Agent's Signature (REQUIRED)