Florida Department of State

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.

(((H24000021828 3)))



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 : I20000000019 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. YOANDY V LLC

Certificate of Status	l
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

A DODY on the
ARTICLE I - Name:
The name of the Line.
The name of the Limited Liability Company is:
, company is.
GOANDY VIC
GOANDI DE CL
7 11 11 0
APTICIP
The mailing address and
Company is
The mailing address and street address of the principal office of the Limited Liability Company is:
740 5
- sombrero brick
LOAD ROAD AFT
Waratas TI
170000 FC 33000
240 Sembrero beach road AFT 4 H Horaton FL 33050
ARTICLE III - Registered Agent, Registered Office:
The name and the Fig. 1. Registered Office:
Company areas and the Florida street address of the registered agent and
The name and the Florida street address of the registered agent are: (The Limite.) Liability with an active Florida projectoria.
Company cannot serve as its own Registered Agent. You must designate an individual or another business entity Mith an active Florida registration.)
GOANDY VITA
The Control of Williams
740 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
240 Soubread beach road APT 4 H
Al the state of th
MARATON FL 33050
7 3 3 5
I DVP2 on an analysis of the second s
ARTICLE IV
The name and title of each names and title
The name and title of each person authorized to manage and control the Limited
Liability Company: (MGR or AMBR)
A
- GOANDY VITA (AMBR)
- YUROUY VIIA (MMOIC)

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 therein 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.

y/ / /// 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..

egistered Agent's Signature (REQUIRED)