

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.

(((H240000410813)))



H240000410813A8CH

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)617-5381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I2000000019
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. ATON INVESTMENT GROUP LLC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

TJ H 1/31/24 4120 PH 3:46

CITY OF THE PARTY OF THE PARTY

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APTICIPA	
ARTICLE I - Name:	
The name of the Limited Links	
The name of the Limited Liability Company is:	
ARTICLE II - Address: The mailing address and	
Hton This I	
- Investma 1	
APPROVED	
ARTICLE II - Address:	
The mailing address and street	
The mailing address and street address of the principal office of the Limited Liability	
Factorpat office of the Limited Liability	
11.001	
-10201 Su) 1100 A 10	
16201 SW 169 AUE	
MPG A P T	
MPaul FL 33187.	
9101	
ARTICLETT	
ARTICLE III - Registered Agent, Registered Office:	
and the Florida street office:	
Company cannot serve as its own Registered 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 registration.)	
Company cannot serve as its own Registered Agent. You must designate an individual or another business entity	
Dennic Tax of	
Dennis Joel Aton Garcia.	
11 22	
14201 500160	
414110 T	
MIANG FR 33187	
AKTICLETV	
The name and side of	
Lightite Community of each person authorized to manage and	
The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)	
Dennis Joel Aton Garcia (AMRIR)	
Aton Carair Courses	
Aton Garcia (AMBRE	
	<u>a</u>
ATON Warcia (AMBR B	: U :==1
	: ==1
	7
	त्त्रद्धाः ग
	-1°

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.

Dennis Joel Aton Garcia
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)

2024 JAN 30 PM 12: 27