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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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	Division of Corporations
	Fax Number : (850)617-6381
- From:	
Prom:	Assessed Name - CMODERS CORRODATE STITUS CONVICE THE
	Account Name : EXPRESS CORPORATE FILING SERVICE INC.
	Account Number : I20000000146
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	the email address for this business entity to be used for fut-
anr	nual report mailings. Enter only one email address please.**

FLORIDA LIMITED LIABILITY CO. L&Y MAGIC SERVICES CONSULTING LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	C		
The name of the Limited Liabilit	y Company is:		
1. 8 3/ 3/ 4/4/1/ 01/03/	vene content appre	110	
	ICES CONSULTING uin the words "Limited		"[] [" or "] [["]
(Musi cont	an the words Tannico	Emonity Company	TATACA, OF EDG. 3
ARTICLE II - Address:			
The mailing address and street ac	ldress of the principal	office of the Limited	I Liability Company is:
<u>Princip</u>	al Office Address:		Mailing Address:
9595 FONTAINEBL	EAU BLVD #808	SA	ME
MIAMI, FL 33172			
	- 		
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as its own ective Florida registrati	n Registered Agent. un.)	nt's Signature: You must designate an individual or
THE HARRE AND THE FRONTAN SELECT	address of the registere	a agent are.	
	LEYDI PEREZ BRI	 -	
		Name	
	9595 FONTAINEB	LEAU BLVD #808	
	Florida street addre	ss (P.O. Box <u>NOT</u>	acceptable)
	МІАМІ	FL	33172
	City	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..

LEVEL PEREZ BRICENO

TEXTE PEREZ ANTEND (MARTY, 2024-1241) EDI)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	•
J	I EVIN DEPET DEICUNO
<u>AMBR</u>	LEYDI PEREZ BRICENO 9595 FONTAINEBLEAU BLVD #808
	MIAMI, FL 33172
MCP	LIDA YOMARY RODRIGUEZ
MGR	9595 FONTAINEBLEAU BLVD #808
	MIAMI, FL 33172
an effective date is listed, the date must b	date of filing:
TTCLE V: Effective date, if other than the an effective date is listed, the date must be date of filing.) te: If the date inserted in this block does not document's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be li-
TTCLE V: Effective date, if other than the an effective date is listed, the date must be date of filing.) te: If the date inserted in this block does not document's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be li-
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\$ 5.00 Certificate of Status (Optional)