

Division of Corporations lect<u>ron</u>ic **f**ling Cover St

audit number (shown

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

: (305)552-5973

Phone 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. AGIL MULTISERVICES 88 LLC

Certificate of Status	ı
Certified Copy	0
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Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION **FOR** FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
AGN Nultiservices 88 LLC		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
19650 SW 107 ave opt 204 MiAMI FL. 3315		
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limitea Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)		
apriel antonio Gorcia Mérilez		
17650 Sw 107 ave apt, 204 Miami FL 3315		
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)		
atriel atorio Gorcia Néndez (AMBR)		

EIN: 99-2764725

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.3.

Adriel Atonio Garcia Ventez
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)

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