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ľo:	Division of Corporations Fax Number : (850)617-6381	W-I A	F
From:	Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944	H 8: 20	

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

Email	Address:	
P144 0 T T		

## FLORIDA LIMITED LIABILITY CO. PYG SERVICE AND REPAIR LLC

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

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## ARTICLES OF ORGANIZATION FOR

2024 HAY -1 AM 8: 20

FLORIDA LIMITED LIABILITY COMPANIALLAHASSEE, FLORIDA

ARTICLE I - Name: The name of the Limited Liability Company is:
PYG SLAVICE AND REPAIR LIC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
800 NE 12AVE APART J249
DOMESTARD PL 33030
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited : tability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
PAVEL YOUR GOMES DOMINGUES
800 NE 12 AVE J 249
homesteno FL 33030
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
Part 11-
PAVEL YOAN GOMEZ DOMINGUEZ.  (AMBR)
(AMBR)

## 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.B.

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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