PAGE 01/0

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 audi number (shown below) on the top and bottom of all pages of the document.

(((H24000165062 3)))



H240001650623ABC-

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. **EXCELLENCE INVESTMENT MIAMI LLC**

| Certificate of Status | 1 |
|-----------------------|----------|
| 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

| The name of the Limited Liability Company is: | |
|---|-------------|
| Excellence Investment mi Ami ILC | |
| The mailing address and street address of the principal office of the Limited Company is: | l Liability |
| 15982 SW 138 FERR MIAMITY 5 | 3196 |
| | |
| ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limite Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) Tose Awtonio Markets | 셔 |
| Jose Autopio Martinez 15982 Su 138 Terr. MiAMI. | FC 33196 |
| ARTICLE IV The name and title of each person authorized to manage and control the Limitability Company: (MGR or AMBR) JOSE Antonio MARI: WAR (AMB) | itled |
| | |
| | |
| | |

Required Signatures:

June June

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 Stateconstitutes a third degree felony as provided for in s.817.155, F.S.

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)