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.

Electronic Filing Cover Sheet

(((H240001838373)))



H240001838373ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Ta:					
	Division of Co	porations			
	Fax Number	: (850)617-6381			
		• • • • • • • • • • • • • • • • • • • •		~3	
From:			3-2 S	2024	
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	,		-51
	Account Number		22	H	1 1
	Phone	: (305)552-5973	-		
	Fax Number	: (305)675-5944	(A)	5	
		()	<u>(</u>)	2	-
			rii.	72-	111
**	inter the email a	ddress for this business entity to be used for fut	ure	7	
	annual report	mailings. Enter only one email address please.**	; نس		
		•	<u> </u>	••	
	Email Address		<u> </u>	护	

FLORIDA LIMITED LIABILITY CO. EN OTRA VIDA 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 FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

En otra vida LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability . . A. in. Company is:

> 50 Minorca ave. Apt 708 Coral Gables, FL 33134

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

"钱"。 ามที่เห็

Marianella Rojas 50 Minorca ave. Apt 708 Coral Gables, FL 33134

ARTICLE IV-

The name and title of each person authorized to manage and control the Limited Liability Company:

a same

Marianella Rojas, 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.S.

Marianella Rojas

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 Lam 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 MAY 22 AM II: 34