## Florida Department of State Pivsion of Carpolations Electronic riling Two Sheet 5

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.

(((H24000280592 3)))



H240002805923ARC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doin	g 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. PT L CARRIER LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

T.5.X

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	T COMITAIN	:	
ARTICLE I - Name:		1 -	TI]
The name of the Limited Liability Company is:		,	التنوين التوليد .
Zadouity Company is:		~)	A
APTICIENT L CAPAIER	// 0	<del></del> .	600
- Anniel		<u>.</u>	(
ARTICLE II - Address:	2 2 0		
The mailing address:		17,	
The mailing address and street address of the principal Company is:	Office of the Line and		
- F	a simple of the Limited Liab	ility	
1052 SW 131 CT			
1052 SW 131 CT MIAMY [c] 33134	/		<del>-</del>
. 01.89		· <del></del>	
ARTICIEM			_
ARTICLE III - Registered Agent, Registered Office:			
The name and the Florida street address of the registered with an active Florida registered Agent. You must designate an individual of the registered Agent.	ed agent are of the land of the		
Company cannot serve as its own Registered Agent. You must designate an Individual Agent an active Florida registration.	dual or another business entity	ity	
Da. 11-1	,		
- PAVEL LODET GA	Wala		
- PAVEL LOPEZ 60 1052 SW 131 CT MISMI	VCVIE C		
1036 300 131 ct MIMALI	El 23/2/1		-
	- 20104	-	
	,		-
ARTICLE IV			
The name and title of each person authorized to manage Liability Company: (MGR or AMBR)	and the		
Liability Company: (MGR or AMBR)	and control the Limited		
·			
1/AV1/4/			
- PAVEL LOPEZ CONCALE	2 AMBR		
JOSE R. GONTALES			
JOSE R. GONZALEZ	XI.C.A		
	,		

## 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.

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)