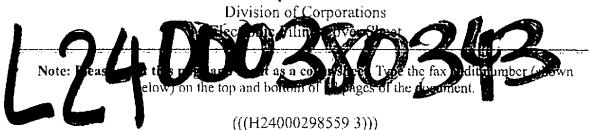
Florida Department of State





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To:

Page: 2 of 4

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

**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. FLORIDA SAFETY PLUS LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLORIDA SAFETY PLUS LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:	
11875 SW 169TH ST	11875 SW 169TH ST	
MIAMI, FL 33177	MIAMI, FL 33 177	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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.)

The name and the Florida street address of the registered agent are:

OTNIEL HERNAN	DEZ			
	Name			
11875 SW 169TH S	T			
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)		
МАМІ	FL	33177		
City	State	Zip		

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..

/af Ctriel Hernandez

Registered Agent's Signature (REQUIRED)

(CONTINUED)

From: Yanet Avila

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	OTNIEL HERNANDEZ 11875 SW 169TH ST MIAMI, FL 33177	
AMBR	YOAN CHAVEZ 11875 SW 169TH ST MIAMI, FL 33177	
AMBR	BISMARK CHAVEZ 11875 SW 169TH ST MIAMI, FL 33177	
(Use attachment if necessary)		
f an effective date is listed, the date must be date of filing.)	date of filing:	or 90 days after
RTICLE VI: Other provisions, if any.		
		

Filing Fees:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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

OTNIEL HERNANDEZ