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

(((H240003363673)))



H2400033636734801

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

**[inter the email address for this business entity to be used for annual report mailings. Enter only one email address please	r future ·
	Fax Number : (305)675-5944	
	Phone : (305)552-5973	
	Account Number : I20000000019	
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	
From:		7.7
	Fax Number : (850)617-6381	
	Division of Corporations	. ()
To:		

FLORIDA LIMITED LIABILITY CO. LATIN SOLUTION 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:	
LATIN SOLUTION UC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Lia Company is:	
- 10315 NW 9th st circ. Apt 105	33177
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Vial Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	bility
10315 NW 9th st circ Apt 105	331+7
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR. or AMBR) Nurys's Multiservice LLC. (AMBR) RAYC Cargo Express INC (AMBR)	.)

EIN. 33 - 1325483

Required Signatures:

Marios

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.

Carlos Meri

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)