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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

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## FLORIDA LIMITED LIABILITY CO. HABANA TOWING LLC

Certificate of Status	1
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Estimated Charge	\$130.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

and many is:	
HABANA towing LLC	
ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability  Company is:	<u></u>
3345 Sw 45+ Miami FL 33135	<del>-</del>
ARTICLE III - Registered Agent, Registered Office:	<del>-</del>
Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	
DEMNY Manuel torres  3345 Sw 45+ minmi FL 33135	-
ARTICLE IV The name and title of and	SEAR.
The name and title of each person authorized to manage and control the Limited  Liability Company: (MGR or AMBR)  Demny Manuel Fornes (AMBR)	FILED ORE TARY OF ST ORE OF CORPOR
23	TATE
	•

## 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.3.

Demuy Manuel formes
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)

SECRETARY OF STATE HVISION OF CORPORATIONS

24 OCT -9 PM 2: 23