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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973

Phone : (305)552-5973
Fax Number : (305)675-5944

Email Address:\_\_\_\_\_

## FLORIDA LIMITED LIABILITY CO. TRISTAR TECHNOLOGIES LLC

Certificate of Status	1
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SELRETÁRY OF STATE

## Florida Department of State

# Attention: New Filings Section

To whom it may concern:

This is to advise that the owners of

TRISTAR TECHNOLOGIES
OFDOCUMENT # P210000 94285

want LCC with Same Name

Thank you for your help in this matter.

Thanks,

RITA M. MARIX-POSE (FRESIDENT)

r Right tor

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE !

The name of the Limited Liability Company is: TRISTAR TECHNOLOGIES LLC

### 'ARTICLE II - Address:

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

1901 S.W. 12<sup>th</sup> Avenue, Miaml, Florida 33129.

ARTICLE III - Registered Agent, Registered	Office:
The name and the Florida street of the registered	egent are
RITA M.MARIN-POSE	

1901 S.W. 12th Avenue, Mlamí, Florida 33129.

## ARTICLE IV

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

## RITA M.MARIN-POSE

MANAGER

SECRETARY OF STATE
SECRETARY OF STATE

LAZARUS CORPORATE

# Required Signatures:

Signature of a member or 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 I am aware that any false perjury that the facts stated herein are true. information submitted in a document to the Department of State constitutes third degree felony as provided for in s.817,155, F.S.

prita M. Marin-Pose

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 Signature (REQUIRED)