Parida 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.

(((H24000250670 3)))



H24000250670340C

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

	Division of Corporations Fax Number : (850)617-6381	
From:		
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	
	Account Number : I2000000019	
	Phone : (305)552-5973	
	Fax Number : (305)675-5944	· .
	·	:
	(613/6/0 33/1	:

Email Address:_____

4 PM 2: 10

FLORIDA LIMITED LIABILITY CO. RECHARGE MIAMI LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLE I - Name:

ARTICLES OF ORGANIZATION **FOR** FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
- Rechange Miami LLC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited I. Company is:	iability
8724 SW 72nd St Ste 334	
Miami, FC 33173	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limitec' Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	Liability (3)
- DANIEL HIDALGO	
8724 SW 72ND ST #334	,
MiAMi, FL 33173	
ARTICLE IV The name and title of each person authorized to manage and control the Limit Liability Company: (MGR or AMBR)	æd
- DANIEL HIDALGO AMBR	
- NORman Gabriel NOVOA AMBR	
	···

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.

NORMAN Gabrie (NOUCLA 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 (REOUIRED)