## Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (858)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 1200000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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Email Address:\_

## FLORIDA LIMITED LIABILITY CO. **BUJEIRO LLC**

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

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ARTICLE I - Name:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Bujeiro LLC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Lir Company is:	nited Liability
21467 NW 40 Circo col MINMI DATO	lon Florida:
	3055
The name and the Florida street address of the registered agent are: The Company cannot serve as its own Registered Agent. You must designate an individual or another business with an active Florida registration.)  BICANDO BANON BUJEINO HONDADO	endity
ARTICLE IN MOCINES CUT MINH! GOLDEN	February "
ARTICLE IV  The name and title of each person authorized to manage and control the Liability Company: (MGR or AMBR)	27 x cu~
BICArdo BAMON BUJEIRO HELNANDEZ	
(AMBR)	

EIN: 33 - 3359584

## 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.

Bicardo Bonia Bujeiro Hornandoz

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)