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To:

Division of Corporations

: (850)617-6381 Fax Number

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 : (305)552-5973 Phone : (305)675-5944 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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## FLORIDA LIMITED LIABILITY CO. **BIG LOCKSMITH LLC**

Certificate of Status	1		
Certified Copy	0		
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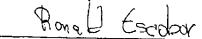
Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APTION
ARTICLE I - Name: The name of the Line is a second of
The name of the Limited Liability Company is:
BOE locksmith LLC
ARTICLETI
The mailing address and street address of the principal office of the Limited Liability  Company is:
company is:
6146 SHerwood Flen Way getz
West Palm Beach Fl 33415
A DOWN CO.
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Utability with an active Florida registration.)
Ronald ALEXIS Escapar Flores
6146 SHerwood Glen Way get 7 West Palm Boards
FI 33415
ARTICLE IV  The name and title of each person authorized to manage and control the Limited  Company: (MGR or AMBR)
D
Ronald Alexic Escobar Flores (AMBR)
. <u> </u>
<u> </u>

EIN: 33-3387497

## 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.

Ronald Aloxis Escaper Horas

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 herely 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)