## Division of Corporations Electronic Filing Cover Sheet

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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 Fax Number : (305)675-5944

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

Email Address:

## FLORIDA LIMITED LIABILITY CO. M&SCH INSURANCE LLC

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

Electronic Filing Menu

Corporate Filing Menu

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A FAMILY OF
ARTICLE I - Name:
The name of the Limited Liability Company is:
company is:
11001 -
M&Sch Insurance HC
ARTICLE II - Address:
The mailing add-
The mailing address and street address of the principal office of the Limited Liability  Company is:
790 461 100 11
- 10 NW 10 +th Ave.
10
790 NW 107th Ave, Hiani, FL 33172
32110
ARTICLE III - Registered Agent, Registered Office:
The name and the Florida street address of the registered agent are: (The Limited Liability with an active Florida project and Agent. You must designate an individual or another invited.)
Company cannot serve as its own Registered Agest Va
Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
Mayte Lorenta Duchas
The Drends
Mayte Lorente Duenas 790 NW 107th Ave Hiami, FL 33172  ARTICLEIV
10 th Ave
Pic e C1
- Mami, 12 33/72
ARTICLE IV
The name and the second
The name and title of each person authorized to manage and control the Limited
Liability Company: (MGR or AMBR)
Mayte lorente Manage (noun) &
Mayte Lorente Duenas (AMBR)
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EIN: 33-3487017

## 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.

Hayte Jorente Duenas
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)