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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 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.

	address:			
-mail	anares:			

FLORIDA LIMITED LIABILITY CO. E MUSTELIER SERVICE LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AKTICLE I - Name: The name of the Limited Liability Company is:	
E Mustelier Service LLC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limite Company is:	d Liability
314w 30 St Hipleah FL =	33012
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Lin Company cannot serve as its own Registered Agent. You must designate an individual or another business en with an active Florida registration.) ERMESTO MUSTER LIDA	tiı)
314 w 30 st Hiplanh FL	330n
ARTICLE IV The name and title of each person authorized to manage and control the L Liability Company; (MGR or AMBR) Ennes to Mustelieu Visal AN	
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Required Signatures:

3052201440

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.

Typed or printed name of signee

Ernesto Mustelien

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)