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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. \*\*

Email Address:\_\_\_\_

## FLORIDA LIMITED LIABILITY CO. STRAIGHT UP CONSULTING, LLC

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Help

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ARTICLE I - Name:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
STRAIGHT UP CONSULTING, LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
78 TG W2 16EP
MIAMI, FZ 33165
ARTICLE III - Registered Agent Parks 100
The name and the Florida street address of the registered agent are: The Limited Liability with an active Florida registration.)
MANUEL ANTONIO GARCIA
G 620 541 65 149 0 -
9321 SW 27 ST MIAMI FL 33165
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
MANUEL ANTONIO GARCIA (AMBR)
7

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  $\odot$ .

MANUEL ANDNIO GARCIA
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 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 myduties, 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)