

**L07000000310**

Florida Department of State  
Division of Corporations  
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Fax Number : (850)205-0383

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

taxes usa, llc

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H070000000628

**ARTICLES OF ORGANIZATION  
OF  
TAXES USA, LLC  
A Florida Limited Liability Company**

**ARTICLE I-NAME**

The name of the Limited Liability Company is:

**TAXES USA, LLC**

**ARTICLE II-ADDRESS:**

The mailing address and street address of the principle office of the Limited Liability Company is:

**PRINCIPAL OFFICE ADDRESS:**

11402 N.W 41<sup>ST</sup> STREET SUITE 211 DORAL, FL 33178

**MAILING ADDRESS:**

11402 N.W 41<sup>ST</sup> STREET SUITE 211 DORAL, FL 33178.

**ARTICLE III- REGISTERED AGENT, REGISTERED OFFICE, REGISTERED AGENT'S SIGNATURE:**

The name and the Florida street address of the registered agent are:

**LUIS SMITH**  
(NAME)

**11402 N.W 41<sup>ST</sup> STREET SUITE 211**  
FLORIDA STREET ADDRESS (P.O BOX NOT ACCEPTABLE)

**DORAL, FLORIDA 33178**  
CITY, STATE, AND ZIP

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HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS 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 608, F.S.

  
REGISTERED AGENT SIGNATURE

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**ARTICLE IV-MANAGEMENT/MEMBER(S):**

The name(s) and address (es) of each Manager or Managing Member is as follows:

Title:

Name and address:

MGR= Manager

MGRM= Managing Member

MGR= LUIS SMITH

11402 N.W 1<sup>ST</sup> STREET SUITE 211 DORAL, FL. 33178.

_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

SIGNATURE OF A MEMBER OR AN AUTHORIZED REPRESENTATIVE OF A MEMBER

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

LUIS SMITH

Typed or printed name of signed

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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