

Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : A.B.S. OF JACKSONVILLE, INC.

Account Number : 120010000215

: (904)777-1533

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## FLORIDA LIMITED LIABILITY CO. Group Services Solution, LLC

Certificate of Status	1
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Page Count	01
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Electronic Filing Menu

Corporate Filing Menu

Help



# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I. NAME:

The name of the Limited Liability Company is: Group Services Solution, LLC

### ARTICLE II. ADDRESS:

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

401 Sunstone Court Orange Park, FL 32065

# ARTICLE III. REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

The name and Florida street address of the registered agent are: Leonardo Navarrete 401 Sunstone Court Orange Park, FL 32065

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place of 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, Florida Statutes.

Leonardo Navarrele/ Registered Agent

12/1/10 Date

### ARTICLE IV. MANAGER(S) OR MANAGING MEMBER(S):

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

Title: ... MGR.

Name and Address: Leonardo Navarrete 401 Sunstone Court Orange Park, FL 32065

#### ARTICLE V. EFFECTIVE DATE

The effective date of this document shall be December 1, 2010.

### REQUIRED SIGNATURE:

Leonardo Navarrete, Member

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

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