

Division of Corporations

222000414701

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000330353 3)))



H220003303533ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : AGT REGISTERED AGENTS, INC.
Account Number : I20000000205
Phone : (305)416-6800
Fax Number : (305)416-6811

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

Email Address: josegagi-ra.com

**FLORIDA LIMITED LIABILITY CO.
FIRST RATE PROPERTY SOLUTIONS, LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$125.00 |

2022 SEP 23 PM 12:28

22 SEP 23 PM 12:35

Electronic Filing Menu

Corporate Filing Menu

Help

LOK

((H22000330353 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

First Rate Property Solutions, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2002 Colonial Parc Drive
Tampa, FL 33612

2002 Colonial Parc Drive
Tampa, FL 33612

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

AGI Registered Agents, Inc.

Name

1000 Brickell Avenue, Suite 300

Florida street address (P.O. Box **NOT** acceptable)

Miami FL 33131
City State Zip

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)

(CONTINUED)

| | |
|------------------|---------|
| Certificate Fee | \$12.00 |
| Certificate Copy | \$1.00 |
| Page Count | \$1.00 |
| Estimated Charge | \$12.00 |

| | |
|------------------------------|--|
| FLORIDA LIMITED LIABILITY CO | |
| SOLUTIONS | |
| 1500 W | |

| | |
|------------------------------|---------|
| FLORIDA LIMITED LIABILITY CO | |
| SOLUTIONS | |
| 22 SEP 23 PM 12:35 | |
| Certificate Fee | \$12.00 |
| Certificate Copy | \$1.00 |
| Page Count | \$1.00 |
| Estimated Charge | \$12.00 |

((H22000330353 3)))

((H22000330353 3)))

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR _____

EDUARDO SANCLEMENTE
2002 COLONIAL PARC DRIVE
TAMPA, FL 33612

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

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.

ROBERT R. ADAMS, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

S12

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
ALLAMANCE COUNTY, VA
22 SEP 23 PM 12: 35

\$125.00 FEE

((H22000330353 3)))