

L23000142125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



100405302391

S. CHATHAM
MAR 29 2023

FILED

SECRETARY OF STATE
TALLAHASSEE, FL

2023 MAR 28 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 MAR 24 PM 2:39

RECEIVED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 26, 2023

CAPITAL CONNECTION, INC.

SUBJECT: ALL INTEGRAL SOLUTIONS LLC
Ref. Number: W23000040915

We have received your document for ALL INTEGRAL SOLUTIONS LLC.
However, the document has not been filed and is being returned for the following:

The registered agent address must be complete address.,

If you have any further questions concerning your document, please call (850)
245-6000.

Summer Chatham
Regulatory Specialist III
Director's Office

Letter Number: 323A00006927

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2023 MAR 28 PM 12:36
DIVISION OF CORPORATIONS
FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ALL INTEGRAL SOLUTIONS LLC

Please Debit 120000000257 For: 125

Thank you Seth Neeley



Signature

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: All Integral Solutions LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Arleen Davila

Name of Person
ADV Accounting & Tax Services LLC

Firm/Company
12701 S John Young Pkwy Ste 215

Address
Orlando FL 32824

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arleen Davila at (407) 641-0810

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

All Integral 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:

2780 Nottel Drive
Saint Cloud FL 34772

2780 Nottel Drive
Saint Cloud FL 34772

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:

ADV Accounting & Tax Services LLC

Name

12701 S John Young Pkwy Ste 215

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

Orlando FL 32837

City State Zip

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SECRETARY OF STATE

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)

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

MBR

Auli Jose Herrera Uzategui
Calle 72 av 2B Urbanizacion Virginia Casa #71-49
Maracaibo, Venezuela

MBR

Fossi Dargham Roman
Calle 21 Sector Urdaneta Tamare Lagunillas
Zulia, Venezuela

MBR

Sergio Jesus Garcia Martinez
Via Bocono Km 1 320 In 16 Mz b CA 16
Villa Del Rosario, Norte de Santander, Colombia

MBR

Oscar Eduardo Salcedo Rojas
Carrera 48 26-85 Torre Norte Piso 1
Villa Del Rosario, Norte de Santander, Colombia

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(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:

Andres Marquez

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.

Andres A Marquez

Typed or printed name of signee

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

MBR

Yan Medina Dorado
Calle # 49E-80 Barrio Colsag Apt 701
Cucuta, Norte de Santander, Colombia

MBR

Andres A Marquez
2906 Satire St
Kissimmee FL 34746

(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.)

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Andres A Marquez

Typed or printed name of signee

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