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

From: Account Name : CORPOTCENSE, INC
Account Number : 120050000118
Phone : (305)774-9666
Fax Number : (305)774-9660

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

Email Address: Arecehs.1992@aol.com

FLORIDA LIMITED LIABILITY CO.
ACOSTA'S MULTISERVICES, LLC

Certificate of Status	0
Certified Copy	0
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H 4000 3700 09

ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY
OF
ACOSTA'S MULTISERVICES, LLC

ARTICLE I - NAME:

The name of the Limited Liability Company is:

ACOSTA'S MULTISERVICES, LLC

ARTICLE II - ADDRESS:

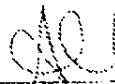
The mailing and principal address of the Limited Liability Company is:

PRINCIPAL ADDRESS: 20302 NW 39th Court
Miami Gardens, FL 33055

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

The Registered Agent designated is: **ARECELIS ULLOA**

ARECELIS ULLOA
20302 NW 39th Court
Miami Gardens, FL 33055



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.

2024 NOV 6 PM 5:00

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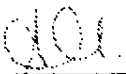
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ARTICLE IV - Management/Members(s):

The name and address of each Manager or Managing Member is as follows:

<u>TITLE:</u>	<u>NAME AND ADDRESS</u>
MGR	ARECELIS ULLOA 20302 NW 39th Court Miami Gardens, FL 33055



Arecelis Ulloa
Manager

11/06/2024

(In accordance with section 605.0201, Florida Statutes,
The execution of this document constitutes an affirmation under
The penalties of perjury that the facts stated herein are true)