Florida Department of State

Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4003

From:

Account Name : PARCORP SERVICES, LTD.

Account Number: 119990000011
Phone: (727)320-9848
Fax Number: (727)320-9648

ON FEB 16 PH 3: 00

LIMITED LIABILITY COMPANY

NET TOTAL, LLC



Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$130.00

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Fax Audit No. (((H00000007248 8))) STATE OF FLORIDA - ARTICLES OF ORGANIZATION OF

NET TOTAL, LLC	
Pursuant to s. 608.407, Florida Statutes.	
ARTICLE I - Name: The name of the Limited Liability Company is:	2000 2000 2000 2000 2000 2000 2000 200
NET TOTAL, LLC ARTICLE II - Address: On the Limited Liability Company is:	ري <u>دي</u> از دو
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
25035 SW 128 PLACE, MIAMI, FL 33032	9 % (A)
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	يَرِيْ بِي
The name of the Florida street address of the registered agent are:	9: 80 8: 81 8: 81 80 8: 81 8:
EDUARDO GONZALEZ	
Name	
25035 SW 128 PLACE Florida street address (P.O. Box NOT ACCEPTABLE)	
MIAMI, FL 33032 City, State and Zip	
with the property	

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 608, F.S..

Registered Agent's Signature

ARTICLE IV - Management (Check Box if Applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager - managed company.

Signature of a member of authorized representative of a member.

(In accordance with section 609,408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

> MICHAEL J. JAGODA Typed or Printed name of signee

Preparer Info:

Parcorp Services, Ltd. / Michael J. Jagoda,

PMB 258 - 13799 PARK BLVD. N., SEMINOLE, FL 33776 / Phone: 727-320-9848

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507 FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

TOTAL NET, LLC

2. The name of the Florida street address of the registered agent are:

EDUARDO GONZALEZ Name	00 FEB 1	Wisher of
25035 SW 128 PLACE Florida street address (P.O. Box NOT ACCEPTABLE)	6 PH	
MIAMI, FL 33032	3: 00	
City, State and Zin		5 5

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 608, F.S..

Signature of Registered Agent