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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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C. LEWIS

APR 1 1 2011

EXAMINER

COVER LETTER

3	TO:	Registration of	on Section f Corporations	٠,	ng.		9-	
	SURII	ECT." MIC	ROSULES	FLORI	DA LLC.		•	
	00101				ted Liability Cor	mpany		
	The en	closed Article	es of Organization a	and fee(s) are	submitted for fi	ling.		
	Please	return all cor	respondence concer	ning this ma	ter to the follow	ring:		
		FRANC	CISCO JAV	IER RO	DDRIGUE Name of Person	ΞZ	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
		Micros	ules Florida	l	Taine or Ferson			
					Firm/Company			
		8944 P	ALISADES	BEACH	AVE			
					Address		·	
	(ORLAND	OO FLORIDA	A 32829				
				Ci	ty/State and Zip C	Code		
		jayjovan(@att.net	<i>(</i> -1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	<i>e</i>			
					for future annual :	пероп повисаног	n)	
	For fur	ther informat	ion concerning this	matter, pleas	e call:			
	Fran	cisco Jav	ier Rodriguez		_ _{at (} 321	948277	7	
		Na	ime of Person			ode & Daytime T	Celephone Number	_
	Enclos	sed is a checi	k for the followin	g amount:				
]\$125.00) Filing Fee	\$130.00 Fili Certificate		Certified	iling Fee & Copy copy is enclosed)	\$160.00 Filing Certificate of S Certified Copy (additional copy i	Status &
			Mailing Add Registration S Division of C P.O. Box 633 Tallahassee,	Section Corporations 27	Regist Divisi Cliftor 2661 1	Courier Addresses ration Section on of Corporation Building Executive Centerassee, FL 3230	ons er Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MICROSULES FLORIDA LLC.

(Must end with 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: 8944 Palisades Beach Ave. Orlando Florida 32829 Mailing Address: 8944 Palisades Beach Ave. Orlando Florida 32829

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:

Francisco Javier Rodriguez

Name

8944 Palisades Beach Ave.

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

Orlando Fl 32929

FL

City, State, and 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 608, F.S.

Registered Agent Signature (REQUIRED

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

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

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Title:

"MGR" = Manager

"MGRM" = Managing Member

/IGR	Francisco Javier Rodriguez
	8944 Palisades Beach Ave Orlando FI, 32829
Use attachment if necessary)	April 15, 2011 e date of filing: April 1,2017 (OPTION
	Apric

REQUIRED SIGNATURE:

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

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

Typed or printed name of signee

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)