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(((H24000103771 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CS TAX SOLUTIONS INC

Account Number : I20220000082 Phone : (305)235-6355 Fax Number : (786)513-3784

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

Email Address: cstaxsolutions@bellsouth.net

FLORIDA LIMITED LIABILITY CO. 3326 20TH AVE SE 20TH AVE LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160,00

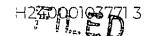
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



ARTICLE I - Name:

The name of the Limited Liability Company is:

2024 MAR 19 PM 3: 13

SECOLIARY OF STATE

3326 20TH AVE SE 20TH AVE 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:

<u>Princip</u>	al Office Address:		Mailing Address:
3326 20TH AVE SE		33	326 201H AVE SE
NAPLES, FL 34117		N/	APLES, FL 34117
	cannot serve as its own	Registered Ager	gent's Signature; nt. You must designate an individual or
·	·		
·	address of the registered		
·	address of the registered	l agent are:	
mother business entity with an a	address of the registered	l agent are: Name	I acceptable)
•	ARNALDO AMAYA DIAZ 3326 20TH AVE SE	l agent are: Name	I acceptable)

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..

Amalda Americana (S. 2024 19.27 EU)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-	H24000103771 3
The name and address of each person	authorized to manage and control the Limited Liability Company:
<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR, VGR	ARNALEO AMAYA DIAZ
	3326 20TH AVE SE
	NAPLES, FL 34117
AMBR, MGR	DENNIS LUZ CASTRO SERPAS
	3326 20TH AVE SE
	NAPLES, FL 34117
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the da	ate 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.)	
	of meet the applicable statutory filing requirements, this date will not be listed
the document's effective date on the Departme	nt of State's records.
ARTICLE VI: Other provisions, if any.	
<u> </u>	
	·
REQUIRED SIGNATURE:	
	Likes registratives
	member or an authorized representative of a member.
	cuted in accordance with section 605.0203 (1) (b). Florida Statutes. Itse information submitted in a document to the Department of State
	use information submitted in a document to the Department of State tree felony as provided for in s.817.155, F.S.

Filine Fees:

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

ARNALDO ANAYA DIAZ

Typed or printed name of signee

- S 30.00 Certified Copy (Optional)
- S 5.00 Certificate of Status (Optional)