

L01000006777

Florida Department of State
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To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : ACE INDUSTRIES, INC.
Account Number : 070744001530
Phone : (305) 358-2571
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LIMITED LIABILITY COMPANY
NEW OFFICE BUSINESS SYSTEMS, LLC

Certificate of Status	0
Certified Copy	1
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H01-59170

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name of Limited Liability Company:

NEW OFFICE BUSINESS SYSTEMS, LLC

ARTICLE II - Mailing Address & Street Address of Limited Liability Company:

Address: 569 NORTH COUNTRY CLUB DRIVE

City, State & Zip: ATLANTIS, FLORIDA 33462


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

PATRICK J. FOLEY
Name

569 NORTH COUNTRY CLUB DRIVE
Address (P.O. Box NOT Acceptable)

ATLANTIS, FLORIDA 33462
City, State, Zip

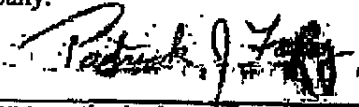
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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's Signature

05/01/01
Date

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 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.

PATRICK J. FOLEY
Typed or printed name of signee

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Prepared By: Ace Industries 54 NW 11th Street Miami, Florida 33136 (305) 358-2571

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