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

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

**LIMITED LIABILITY COMPANY
COMPREHENSIVE SERVICE PROVIDERS LLC**

Certificate of Status	0
Certified Copy	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is Comprehensive Service Providers LLC.

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is 1455 NW 14th St., Miami, Florida 33125.

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

The name and the Florida Street Address of the Registered Agent are:

Benjamin R. Metsch, Esq.
1455 NW 14th St.
Miami, Florida 33125

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

ARTICLE IV - Management:

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
Barbra Pollack-Diaz

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