

L030000045286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

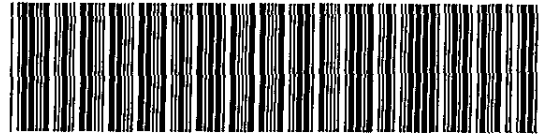
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STATE  
TALLAHASSEE  
FLORIDA

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Faro Data Solutions  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Inti Bryon  
(Name of Person)

(Firm/Company)

P.O. Box 112344  
(Address)

Hialeah, Florida 33166  
(City/State and Zip Code)

For further information concerning this matter, please call:

Inti Bryon at ( 305 ) 491-3709  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Faro Data Solutions LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

P.O. Box 112344

Hialeah, Florida 33011-2344

**Mailing Address:**

P.O. Box 112344

Hialeah, Florida 33011-2344

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature**  
The name and the Florida street address of the registered agent are:

Inti Bryon

Name

970 North Royal Poinciana Boulevard

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

Miami Springs,

FLORIDA 33166

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, Florida Statutes..*



Registered Agent's Signature

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TALLAHASSEE FLORIDA

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Inti Bryon

970 N. Ryl. Poinciana Blvd.

Miami Springs, FL 33166

MGRM

Carlos Carrillo

14457 N.W. 88 Ct.

Miami Lakes, FL 33018

MGRM

Heiber Pineiro

775 E. 19 St.

Hialeah, FL 33013

MGRM

Richard Rojo

751 N.E. 4 Pl.

Hialeah, FL 33010

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**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.)

Inti Bryon

Typed or printed name of signee

**Filing Fees:**

**\$100.00 Filing Fee for Articles of Organization**

**\$ 25.00 Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**