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Division of Corporations

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Florida Department of State
Division of Corporations
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DIVISION OF CORPORATIONS

**LIMITED LIABILITY COMPANY
CONSOLIDATED SYSTEMS, LLC**

Certificate of Status	0
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Page Count	03
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**ARTICLES OF ORGANIZATION
FOR
CONSOLIDATED SYSTEMS, LLC**

ARTICLE I – Name:

The name of the Limited Liability Company is:

CONSOLIDATED SYSTEMS, LLC

ARTICLE II – Address:

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

**2746 E COMMERCIAL BLVD
FT LAUDERDALE, FL 33308**

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

The name and the Florida street address of the registered agent are:

LUIS SIMONS

Name

2746 E COMMERCIAL BLVD

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

FORT LAUDERDALE FL 33308

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's Signature

LUIS SIMONS

Typed or printed name of signee

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

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

Title:

Name and Address:

MANAGER

LUIS SIMONS

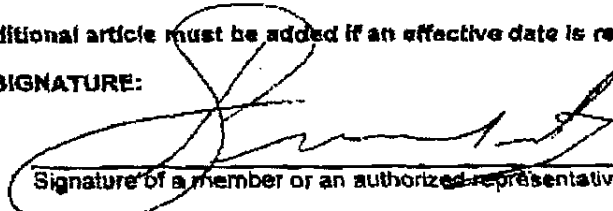
MANAGER

DIEGO TROCLIA

(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.)

LUIS SIMONS

Typed or printed name of signer

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