

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000127081 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0383

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

: (305)634-3694 Fax Number

: (305)633-9696

LIMITED LIABILITY COMPA

timely solutions, llc

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Corporate Filing

18000197081

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

TIMELY SOLUTIONS, LLC

ARTICLE I

The name of the Limited Liability Company shall: TIMELY SOLUTIONS, LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Liability Company is: 240 N.W. 152ND LANE, PEMBROKE PINES, FL. 3028

ARTICLE IV

The name of the Managing Member(s) for this Company shall be

MANAGING MEMBERS

PEDRO ERNESTO AGUIRRE

240 N.W. 152ND LANE

PEMBROKE PINES, FL 33028

JUAN PABLO SIMONETTI

240 N.W. 152ND LANE

PEMBROKE PINES, FL 33028

ARTICLE V

The name and the Florida street address of the registered agent: CABANAS & ASSOCIATES, P.A., 10520 N.W. 26TH STREET, C-201, DORAL, FL 33172

405000127081

1405000187081

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

TIMELY SOLUTIONS, LLC

(Name of Company)

Having been name as Registered Agent and to accept service of process for the above stated Limited Liability Company at the place designated in the Articles of Organization, 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.

CABANAS & ASSOCIATES, P.A.

Registered Agent

Signature of a Member or an Authorized Representative of a Member of a Member of a Member of an Authorized Representative of a Member of a M

Typed or Printed Name of Signee

HOSOOO/27081