

**L06000120252**

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Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**JOSHUA J. CAMPOS, LLC**

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

H06000297218 3

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

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:  
JOSHUA J. CAMPOS, LLC

**ARTICLE II ADDRESS**

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

5300 BURNING TREE DR  
ORLANDO FL 32811

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE**

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

JOSHUA J. CAMPOS  
5300 BURNING TREE DR  
ORLANDO FL 32811

Having been named as registered agent 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..

  
JOSHUA J. CAMPOS Registered Agent's Signature

H06000297218 3

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H06000297218 3

PAGE 2 JOSHUA J. CAMPOS, LLC

**ARTICLE IV MANAGEMENT**


The Limited Liability Company is to be managed by one members and is, therefore, a Member-Managed Company.

**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER  
JOSHUA J. CAMPOS  
5300 BURNING TREE DR  
ORLANDO FL 32811

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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.

NAME OF SIGNER JOSHUA J. CAMPOS  
Typed or printed name of signer

H06000297218 3