

# LO90000 84517

## Florida Department of State

### Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone : (305)634-3694

Fax Number : (305)633-9696

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## FLORIDA/FOREIGN LIMITED LIABILITY CO.

### A.P. CONSULTING SERVICES LLC

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**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY OF  
A.P. CONSULTING SERVICES LLC**

**ARTICLE I**

The name of the Limited Liability Company shall: A.P. CONSULTING SERVICES 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 principal office of the Limited Liability Company is: 8255 SW 132 STREET, MIAMI, FLORIDA 33156

**ARTICLE IV**

The name of the Managing Member(s) of this company shall be:

**Managing Member**  
ANA MARIA POSSE

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**ARTICLE V**

The name and the Florida street address of the registered agent: ANA MARIA POSSE, 8255 SW 132 STREET, MIAMI, FLORIDA 33156

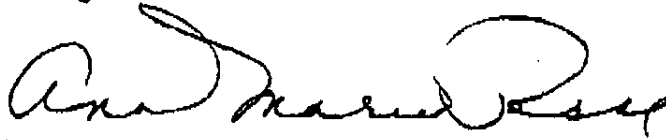
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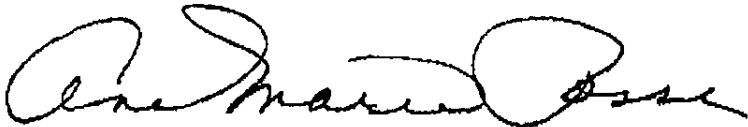
**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED  
OFFICE/MEMBER/REPRESENTATIVE**

A.P. CONSULTING SERVICES LLC

Having been named 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.



Registered Agent



Signature of a member or an authorized representative of a member.

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(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.)

ANA MARIA POSSE

Typed or printed name of signer

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