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| (City/State/Zip/Phone #) | | | |
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| PICK-UP WAIT MAIL | | | |
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| (Business Entity Name) | | | |
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| (Document Number) | | | |
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| Certified Copies Certificates of Status | | | |
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| Special Instructions to Filing Officer: | | | |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

'TO:

Registration Section

| Division of Corporations | |
|---|--|
| SUBJECT: SOLUTIONS & REPAIL | R SERVICES LLC |
| | d Liability Company |
| The enclosed Articles of Organization and fee(s) are s | submitted for filing. |
| Please return all correspondence concerning this matter | er to the following: |
| LEONARDO PADRINO | |
| | Name of Person |
| SOLUTIONS & REPAIR S | |
| | Firm/Company |
| 14989 S.W. 59TH STREET | |
| | Address |
| MIAMI, FLORIDA 33193 | |
| | //State and Zip Code |
| ANAMALVAREZ8@GMAIL.CON | A property of future annual report notification) |
| | |
| For further information concerning this matter, please | call: |
| LEONARDO PADRINO | at (786) 474-1847 |
| Name of Person | Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: | |
| \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Registration Section Division of Corporations | Street/Courier Address Registration Section Division of Corporations |

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SOLUTIONS & REPAIR SERVICES, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

| Principal Office Address: | | Mailing Address: | | | |
|--|---|------------------------------------|---------|----------|-----|
| 14989 S.W. 59 STREET | | SAME | | | |
| MIAMI, FLORIDA 33193 | | | | | |
| ARTICLE III - Registered (The Limited Liability Company can business entity with an active Florid The name and the Florida st | not serve as its own Registe la registration.) | red Agent. You must designate an i | | | |
| LEONARDO PADRINO | | | AS A | <u> </u> | اتن |
| Name | | | 30 | | |
| 14989 SW 59TH STREI | | STREET | | P | O |
| | Florida street addr | ess (P.O. Box NOT acceptable) | FLORIDA | <i>∴</i> | |
| MIAMI | | _{FL} 33193 | DA | 64 | |
| | City, Stat | e, 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 (REQUIRED)

(CONTINUED)

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

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

| Title: | Name and Address: |
|---|--|
| "MGR" = Manager "MGRM" = Managing Member | |
| MGR | LEONARDO PADRINO |
| | 14989 S.W. 59TH STREET |
| | MIAMI, FLORIDA 33193 |
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| (Use attachment if necessary) | |
| | in the date of filing: (OPTIONAL) |
| (If an effective date is listed, the date in to or 90 days after the date of filing.) | ust be specific and cannot be more than five business days prior |
| REQUIRED SIGNATURE: | 76. |
| | Pi = |
| | SEP TO |
| Signature of a n | nember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document: I under the penalties of perjury that the facts stated herein are frue. |
| | nember or an authorized representative of a member. |
| (In accordance with section | on 608.408(3), Florida Statutes, the execution of this document: |
| I am aware that any false | information submitted in a document to the Department of State |
| constitutes a third degree | felony as provided for in s.817.155, F.S.) |
| LEONARI | DO PADRINO S |
| | Typed or printed name of signee |

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)