Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CLARA GIRALDO, P.A.

Account Number: 119990000017

Fax Number .

; (305)485-9300 : (305)485-1098

**Enter the email address for this business entity to be used for fubure annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA LIMITED LIABILITY CO. FLORIDA A/C SYSTEMS, LLC.

Certificate of Status	1.
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EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

FLORIDA A/C SYSTEMS, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

FLORIDA A/C SYSTEMS, LLC.

ARTICLE II - ADDRESS

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

11040 SW 57 TERRACE MIAMI, FL. 33173

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTER AGENT'S SIGNATURE:

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

JONATHAN LARA

11040 SW 57 TERRACE

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

MIAMI, FL. 33173 City, State, and Zip

CLARA GIRALDO P.A. 4080 SW 84 AVE SUITE C MIAMI, FL 33155 (305) 485-9300 H12 0000 466323

H12 0000 466323.

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

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

JONATHAN LARA 11040 SW 57 TERRACE MIAMI, FL. 33173 MANAGER

ISMAEL OUAHABI 11040 SW 57 TERRACE MIAMI, FL. 33173 MANAGER

SECRETARY OF STATE

(An additional article must be added if an effective date is requested)

Signature of a member of 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.)

<u>JONATHAN LARA</u>

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Typed or printed name of signee

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