

07/24/2031 05:02

003

**U13 000128512**

Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.**

(((H13000202508 3)))



H130002025083ABCV

**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) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305) 552-5973  
Fax Number : (305) 220-1440

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

**Email Address:** \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
FAMILY TREE SOLUTIONS, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED

13 SEP 11 PM 4:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 SEP 11 AM 8:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 12 2013  
1 CLINE

H73000202500

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Family Tree Solutions, 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:**475 Amalfi Ave  
Coral Gables FL 33146**Mailing Address:**475 Amalfi Ave  
Coral Gables FL 33146**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

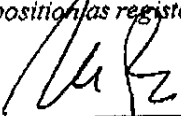
Melchor Manuel Rosabal

Name

475 Amalfi AveFlorida street address (P.O. Box **NOT** acceptable)Coral Gables FL 33146

City, State, 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)

Page 1 of 2

H73000202500

 FILED  
 2013 SEP 11 PM 8:24  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

H13000202508

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

MGR**Name and Address:**Melchor Manuel Rosabal  
475 Amalfi Ave  
Coral Gables FL 33146SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 SEP 11 AM 8:24

FILED

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)**

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

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

(In accordance with section 608.08(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Melchor Manuel Rosabal

Typed or printed name of signer

H13000202508