# Electronic Articles of Organization For Florida Limited Liability Company

L14000089400 FILED 8:00 AM June 04, 2014 Sec. Of State thampton

# **Article I**

The name of the Limited Liability Company is: 2 HANDED CODERS, LLC.

#### **Article II**

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

2719 HOLLYWOOD BLVD SUITE B2 HOLLYWOOD, FL. 33020

The mailing address of the Limited Liability Company is:

2719 HOLLYWOOD BLVD SUITE B2 HOLLYWOOD, FL. 33020

# **Article III**

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

JOSE I PADIAL PA 2600 S DOUGLAS RD PH6 CORAL GABLES, FL. 33134

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.

Registered Agent Signature: JOSE I. PADIAL

# **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: AMBR ALEJANDRO MELGUIZO 375 LINCOL PL, APT 3 J BROOKLYN, NY. 11238 US L14000089400 FILED 8:00 AM June 04, 2014 Sec. Of State thampton

# **Article V**

The effective date for this Limited Liability Company shall be:

06/03/2014

Signature of member or an authorized representative

Electronic Signature: ALEJANDRO MELGUIZO

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.