## L14 000136395

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## **COVER LETTER**

TO: Registration of	on Section Corporations		
SUBJECT: Remia	ap Solutions LLC Name of Liu	nited Liability Company	
The enclosed Article	es of Organization and fcc(s) a	re submitted for filing.	
Please return all corr	respondence concerning this m	natter to the following:	
David F	<sup>2</sup> almer		
		Name of Person	
		Firm/Company	
2264 S	W 119th Avenue		
		Address	
<u>Mirama</u>	r, FL 33025		
		City/State and Zip Code	
Remlapsolutio	nsLLC@gmail.com F-mail address: (to be use	d for future annual report notifica	ation)
For further informati	ion concerning this matter, plea	ase call:	
0 :404	,		
<u>David Palmer</u> Νε	at ( §	954 ) 483-9721 Area Code Daytime Te	lephone Number
Englosed is a abook	for the fallowing amount.		
	for the following amount:	_/	-
₹ \$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	**S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Remlap 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 of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2264 SW 119th Avenue Miramar, FL 33025	2264 SW 119th Avenue Miramar, FL 33025
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration.)  The name and the Florida street address of the registered as	Registered Agent. You must designate an individual or a.)
EZ Taxes Inc. Name	<del> </del>
10044 SW 22nd Street Florida street address (P.O. Box	NOT acceptable)
Miramar	FL 33025
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions o of my duties, and I am familiar with and accept the obli	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance igations of my position as registered agent as provided for in er 605, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title:	Name and Address:
'AMBR" = Authorized Member	
MGR" = Manager	
MGR	David Palmer
	2264 SW 119th Avenue
	Miramar, FL 33025
<del></del>	
Use attachment if necessary)  V: Effective date, if other than the dat ctive date is listed, the date must be s	e of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the dat	e of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 90
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