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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : 888.617-6363

From:

Account Name : BLAWCO ACCOUNTING I, INC.
Account Number : 120100000060
Phone : 313.828-1148
Fax Number : 313.828-1709

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

Email Address: _____

RECEIVED

14 OCT -2 PM 12:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO.
NEW LS SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 OCT -2 AM 8:49

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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NEW LS 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:

906 SW 113 Terrace

Pembroke Pines FL 33025

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:

BLANCO ACCOUNTING LLC

Name

2401 WEST 72 STREET SUITE 1

Florida street address (P.O. Box **NOT** acceptable)

HIALEAH

City

FL 33016

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

LIUDMILA V SUAREZ

906 SW 113 Terrace

Pembroke Pines FL 33025

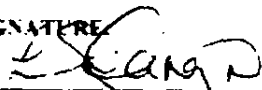
(Use attachment if necessary.)

ARTICLE V: Effective date, if other than the date of filing: 10/02/2014 (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE



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

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

LIUDMILA V SUAREZ

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)

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