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R. WHITE

COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT: Chase	Tax Solutions LLC Name of Lin	nited Liability Company	
The enclosed Articles	s of Organization and fee(s) ar	re submitted for filing.	
Please return all corre	espondence concerning this ma	atter to the following:	
<u>Marco A</u>	Serna		· · · · · · · · · · · · · · · · · · ·
		Name of Person	
Serna A	ccounting, Inc		
		Firm/Company	
5801 NV	V 151 Street, Suite 106		
337111	· ror ongon cano ros	Address	
Adiami I a	-k El 22044		
<u>Mami La</u>	akes, FL 33014 C	ity/State and Zip Code	
marco@sernac	pa.com		<u> </u>
	E-mail address: (to be used	d for future annual report notifica	ation)
For further information	on concerning this matter, plea	ase call:	
Masaa Sarra		305 \ 007.5004	
Marco Serna Na	me of Person	305) <u>827-5001</u> Area Code Daytime Te	lephone Number
Enclosed is a check for	or the following amount:		
□ \$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY MILLS 10

ARTICLE I - Name:	Billio Legion Chique
The name of the Limited Liability Company is:	Paleana Seel , ploning.
Chang Toy Solutions LLC	25
Chase Tax Solutions LLC (Must end with the words "Limi	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principa	al office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5801 NW 151 Street. Suite 106 Miami Lakes, FL 33014	5801 NW 151 Street, Suite 106 Miami Lakes, FL 33014
The name and the Florida street address of the registe <u>Marco A Serna</u>	
Na	nme
5801 NW 151 Street, Suite Florida street address (P.O. I	
Miami Lakes	FL 33014
City	Zip
the place designated in this certificate, I hereby accepacity. I further agree to comply with the provision	t service of process for the above stated limited liability company cept the appointment as registered agent and agree to act in this ons of all statutes relating to the proper and complete performan obligations of my position as registered agent as provided for in

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

'itle:	Name and Address:
AMBR" = Authorized Member	
'MGR" = Manager	
MGR	Marco A Serna
	5801 NW 151 Street, Suite 106
	Miami Lakes, FL 33014
	, , , , , , , , , , , , , , , , , , , ,
Use attachment if necessary)	
tive date is listed, the date must be spe	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or
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REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605 constitutes an affirmation under	nber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	nber or an authorized representative of a member.
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