

LF5000063512

Florida 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.

((H15000087295 3)))



H150000872953ABC4

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 : THE CORPORATE SERVICES GROUP
Account Number : I20150000041
Phone : (954) 303-2957
Fax Number : (888) 757-7949

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

The Corporate Services Group, LLC

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

15 APR 10 AM 10:00

BUREAU OF CORPORATE
INFORMATION SERVICES

15 APR 10 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

APR 13 2015

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help



April 10, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

THE CORPORATE SERVICES GROUP

SUBJECT: THE CORPORATE SERVICES GROUP, LLC
REF: W15000024905

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

FAX Aud. #: H15000087295
Letter Number: 515A00007129

15 APR 10 AM 10:00

DEPARTMENT OF STATE
REGULATORY
INFORMATION SERVICES

FILED
15 APR 10 PM 12:19
DEPARTMENT OF STATE
REGULATORY
INFORMATION SERVICES

H15000087295 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

USA Corporate Services Group, 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:

5710 W 20 CT

Hialeah, FL 33016

5710 W 20 CT

Hialeah, FL 33016

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:

Nelson Medina

Name

5710 W 20 CT

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..

Nelson Medina

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
15 APR 10 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H15000087295 3

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:

Nelson Medina

5710 W 20 Ct

Hialeah FL 33016

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Nelson Medina

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.)

Nelson Medina

Typed or printed name of signer

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)

FILED
15 APR 10 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA