# Electronic Articles of Organization For Florida Limited Liability Company

L15000137029 FILED 8:00 AM August 11, 2015 Sec. Of State nhaney

# **Article I**

The name of the Limited Liability Company is: DROP INK LLC

## **Article II**

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

1516 SW 136TH PL MIAMI, FL. 33184

The mailing address of the Limited Liability Company is:

1516 SW 136TH PL MIAMI, FL. 33184

#### **Article III**

Other provisions, if any:

CLEANING AND MAINTENENCE SERVICE

# **Article IV**

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

VALLE GAMALIEL 1516 SW 136TH PL MIAMI. FL. 33184

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: GAMALIEL VALLE

## **Article V**

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

Title: MGR GAMALIEL VALLE 1516 SW 136PL MIMI, FL. 33184 L15000137029 FILED 8:00 AM August 11, 2015 Sec. Of State nhaney

#### Article VI

The effective date for this Limited Liability Company shall be:

08/15/2015

Signature of member or an authorized representative

Electronic Signature: GAMALIEL VELLE

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.