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(Business Entity Name)

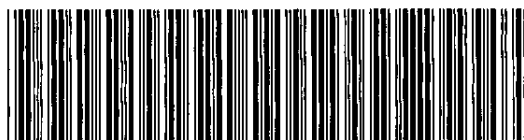
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15 SEP 28 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015  
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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AZ Account Solutions Consultant, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following:

Maritza Torres  
Name of Person

AZ Account Solutions Consultant, LLC  
Firm/Company

9591 Fontainebleau Blvd. # 601  
Address

Miami, FL. 33172  
City/State and Zip Code

dimaryc@azaccountsolutions.com  
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Maritza Torres at 786 300-9788  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount.

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☒ \$160.00 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  
Chilton 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:

AZ Account Solutions Consultant, 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:

9591 Fontainebleau Blvd #601  
Miami, FL 33172

Mailing Address:

9591 Fontainebleau Blvd #601  
Miami, FL 33172

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:

Maritza Torres  
Name

9591 Fontainebleau Blvd #601  
Florida street address (P.O. Box NOT acceptable)

Miami FL 33172  
City Zip

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TALLAHASSEE, FLORIDA

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.

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

MR

Maritza Torres  
9591 Fontainebleau Blvd #601  
Miami, Fl. 33172

OFFICE OF STATE  
TALLAHASSEE, FLORIDA

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Maritza Torres  
Typed or printed name of signee

**S 5.00 Certificate of Status (Optional)**