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(((H16000005849 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CLARA GIRALDO, P.A.

Account Number : I19990000017

Phone : (305)485-9300

Fax Number : (305)485-1098

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

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## FLORIDA LIMITED LIABILITY CO. SUPPLIES SOLUTIONS,LLC.

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January 11, 2016

FLORIDA DEPARTMENT OF STATE Division of Cornorations

CLARA GIRALDO, P.A.

SUBJECT: SUPPLIES SOLUTIONS, LLC.

REF: W16000001497

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 existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L07000027023 - SUPPLY SOLUTIONS, LLC.

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) 245-6052.

Teresa Brown Regulatory Specialist II

FAX Aud. #: H16000005849 Letter Number: 816A00000610

H160000058493

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

### SUPPLIES SOLUTIONS 305, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

#### SUPPLIES SOLUTIONS 305, LLC.

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

16420 SW 176 LANE MIAMI FL, 33187

The mailing address shall be:

15420 SW 176 LANE MIAMI FL, 33187

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

#### KELTSE DE EGUIARTE

15420 SW 176 LANE
Florida street address ( P.O.BOX NOT acceptable)
MIAMI FL, 33187
City, State, and Zip

H160000058493

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

#### ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

KELTSE DE EGUIARTE 15420 SW 176 LANE MIAMI FL, 33187 MANAGER

ORLANDO VELASQUEZ 15420 SW 176 LANE MIAMI FL, 33187 MANAGER

(An additional article must be added if an effective date is requested)

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

(In accordance with section 805.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

KELTSE DE EGUIARTE

Typed or printed name of signee