

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : AGENTS AND CORPORATIONS, INC  
Account Number : I20010000112  
Phone : (302) 575-0875  
Fax Number : (302) 575-1642

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

Email Address: \_\_\_\_\_

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16 JUN 27 PM 2:18

TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.  
ACTON MARKETING AND OUTSOURCING SERVICES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

06-28-16

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ACTON MARKETING AND OUTSOURCING SERVICES 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:

3470 East Coast Ave Suite 2205  
Miami, FL 33137

Mailing Address:

c/o GT5 GLOBAL SERVICES LLC  
11 Broadway, Suite 615  
New York, NY 10004

**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.)

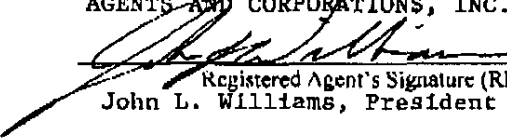
The name and the Florida street address of the registered agent are:

<u>Agents and Corporations, Inc.</u>		
Name		
<u>300 Fifth Avenue South, Suite 101-330</u>		
Florida street address (P.O. Box <u>NOT</u> acceptable)		
<u>Naples</u>	<u>Florida</u>	<u>34102</u>
City	State	Zip

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16 JUN 27 PM 1:50  
SECRETARY OF STATE  
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.*

AGENTS AND CORPORATIONS, INC.

  
Registered Agent's Signature (REQUIRED)  
John L. Williams, President

(CONTINUED)

**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:**

Law Mandel, PLLC  
3470 East Coast Ave Suite 2205  
Miami, FL 33137

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(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

The purpose for which the LLC is organized is any and all lawful business, including outsourcing.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

*Judah Mandel*

Signature of a member or an authorized representative of a member.  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

Mr Judah Mandel

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)