

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

**L16000126498  
FILED 8:00 AM  
July 05, 2016  
Sec. Of State  
thampton**

**Article I**

The name of the Limited Liability Company is:

A4CS LLC

**Article II**

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

2030 S OCEAN DR  
805  
HALLANDALE, FL. 33009

The mailing address of the Limited Liability Company is:

3595 SHERIDAN STREET  
103  
HOLLYWOOD, FL. 33021

**Article III**

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

NIV LEVI  
3595 SHERIDAN STREET  
103  
HOLLYWOOD, FL. 33021

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: NIV LEVI

### **Article IV**

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

Title: AMBR  
AMOUYAL JAROME  
2030 S OCEAN DR UNIT 805  
HALLANDALE BEACH, FL. 33009 US

Title: AMBR  
ESTELLE AMOUYAL  
2030 S OCEAN DR UNIT 805  
HALLANDALE BEACH, FL. 33009 US

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### **Article V**

The effective date for this Limited Liability Company shall be:

07/01/2016

Signature of member or an authorized representative

Electronic Signature: JAROME AMOUYAL

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.