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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE

VH

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Pandemonium Name of Limited Lia	Networking, LLC.
The enclosed Articles of Organization and fee(s) are submit	ted for filing.
Please return all correspondence concerning this matter to the	ne following:
	ashilo of Person
Firm	Company
10071 6W 20	st
Ac	ldress
Miami, FL	33 Q5 and Zip Code
	amail.com
For further information concerning this matter, please call:	
victoria del Castilla 305	407-0869
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Cer	5.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liability Company is:	FILED 16 AUG - I PH 3: 56
Pandemonium Networking, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	SECRETARY OF STATE
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Add	ess:
9851 SW 13 terra w , 9851 BW 13 Miami, FL 33174 Miami, FL 3	terrace
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 incanother business entity with an active Florida registration.)	dividual or
The name and the Florida street address of the registered agent are: Victoria del Cushilo Name 1007 SW 20 St. Florida street address (P.O. Box NOT acceptable) Miami FL 33105 City State Zip	
laving been named as registered agent and to accept service of process for the above stated limited liable lace designated in this certificate, I hereby accept the appointment as registered agent and agree to acturther agree to comply with the provisions of all statutes relating to the proper and complete performance in familiar with and accept the obligations of my position as registered agent as provided for in Chapter	in this capacity. I ce of my duties, and I
Registered Agent's Signature (REQUIRED) (CONTINUED)	
Page 1 of 2	

	10 AUG - 1 DIA
itle:	ized to manage and control the Limited Liability Company. Name and Address: SECRETARY
AWIDK - Aumonzeu Wember	ALLAHAMYOF
MGR" = Manager MGR	Victoria del Castillo FLOR
	10071 gw 20 mg
	Miami, FL 33145
	•

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	-
v: Effective date, if other than the date of it	ling: (OPTIONAL)
ctive date is listed, the date must be specific filing.) the date inserted in this block does not meet tent's effective date on the Department of St	c and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will not
ctive date is listed, the date must be specific filing.)	c and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will not
etive date is listed, the date must be specifically filing.) the date inserted in this block does not meet tent's effective date on the Department of Start Other provisions, if any. REOUIRED SIGNATURE:	the applicable statutory filing requirements, this date will not tate's records.
ctive date is listed, the date must be specific filing.) the date inserted in this block does not meet tent's effective date on the Department of St. VI: Other provisions, if any. Signature of a member of this document is executed if I am aware that any false in the second of the	c and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will not

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)