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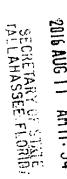
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: De La Cruz Solutions ILC 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:
Leah De La Cruz Name of Person
Firm/Company
257 Northylew St.
Port Charlotte FL 33954 City/State and Zip Code Idaneko @ hotmal : Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

De La Cruz Salutions LL.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

Mailing Address:

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

Principal Office Address:

ARTICLE 1 - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

257 Northviewst. 257 Northview 8t. Port Charlotte FL. Port Charlotte FL. 33954
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:
Leah De La Cruz
Florida street address (P.O. Box NOT acceptable)
Fort Charlotte FL. 33954
City State Zip
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
Jean De Jacry Registered Agent's Signature (REOLURED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	Leah De La Cruz ast Northview St. Port Charlotte Fl. 33954	
(Use attachment if necessary)		
a effective date is listed, the date must be spate of filing.) If the date inserted in this block does not r	e of filing: 8/8/2016 (OPTIONAL) secific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed of State's records.	
ocument's effective date on the Department		
ocument's effective date on the Department ICLE VI: Other provisions, if any.		
·	L Do La Cur	
REOUIRED SIGNATURE: Signature of a me This document is execut 1 am aware that any false	ember or an authorized representative of a member. Ited in accordance with section 605.0203 (1) (b), Florida Statutes. The information submitted in a document to the Department of State The felony as provided for in s.817.155, F.S.	

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)

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SECRETARY OF STATE