

07/20/2010

*Woodhouse*

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H16000212934 3)))



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To: Division of Corporations  
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From: Account Name : A.A.ALI, CPA  
Account Number : I20000000192  
Phone : (407)298-3900  
Fax Number : (407)298-0660

**\*\*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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ALLIANCE

**FLORIDA LIMITED LIABILITY CO.  
S&S LUXURY LIMO SERVICES LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 03       |
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**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

***S&S Luxury Limo Services, LLC***

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

**ARTICLE II - Address:**

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

**6619 FAIRWAY COVE DR.  
ORLANDO, FL 32835**

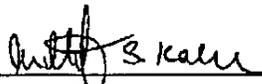
**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(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:

**Anthony S. Kalikasingh  
6619 FAIRWAY COVE DR.  
ORLANDO, FL 32835**

*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..*



Anthony S. Kalikasingh/ Registered Agent's Signature

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager

"MGRM" = Managing Member

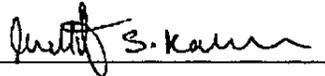
**Anthony S. Kalikasingh -AMBR  
6619 FAIRWAY COVE DR.  
ORLANDO, FL 32835**

**Dropatee Kalikasingh -AMBR  
6619 FAIRWAY COVE DR.  
ORLANDO, FL 32835**

**ARTICLE V: Effective date, if other than the date of filing: 8/26/16**

(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.)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_

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

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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. )

**Anthony S. Kalikasingh**

\_\_\_\_\_  
Typed or printed name of signee

((H16000212934 3)))

1801 North Highland Avenue  
Tampa, Florida 33602  
(813) 224-9255[Phone]  
(813) 223-9620 [Fax]  
www.bushross.com

**BUSH | ROSS**  
ATTORNEYS AT LAW

Mailing Address:  
Post Office Box 3913  
Tampa, Florida 33601-3913

**TELECOPIER TRANSMITTAL COVER SHEET**

**Number of Pages: 4 (excluding cover sheet)**

**SUBJECT:** Art. of Org. - Metasense Analytics, LLC (for filing)

**DATE:** 8/26/2016

**TO:** FL DOC - Corporate filings (Business Fax)

**COMPANY:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**FAX #:** +1 (850) 617-6381

**FROM:** **Brenda K. Holland,**  
**bholland@bushross.com**

**TELEPHONE:** (813) 204-6440

**FAX:** (813) 223-9620

**COMMENTS:**  
Art. of Org. - Metasense Analytics, LLC (for filing)

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