

10/24/2016 15:42

3052201440

LAZARUS

PAGE 01/03

L16000195300

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H16000262439 3)))



H160002624393ABC0

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

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

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

**FLORIDA LIMITED LIABILITY CO.  
NEW SOLUTIONS CONSULTING LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 26 2016

G. McLEOD

15 OCT 24 PM 4:36

16 OCT 24 PM 12:31

H16000262439

**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company," "LLC," or "LLC.")

New Solutions Consulting LLC

**ARTICLE II - Address:**

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

1200 SW 141 AVE  
Miami FL 33184

**ARTICLE III - Registered Agent, Registered Office:**

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

Superior Transportation LLC  
1200 SW 141 AVE  
Miami FL 33184

**ARTICLE IV -**

The name and title of each person authorized to manage and control the Limited Liability Company:

Joel Millan Rodriguez  
(AMBR)

H16000262439


2016-10-24 13:31

Jefferson Chiro 502 448 2057 &gt;&gt; 3052201440

P 2/3

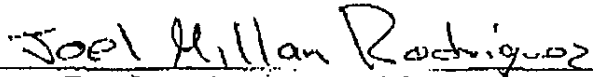
**Required Signatures:**

H16000262439



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.



Typed or printed name of signee

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.



Registered Agent's Signature (REQUIRED)

Page 2 of 2

H16000262439