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.

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| | NOT hit the REFRESH/RELOAD button on your browser from this so will generate another cover sheet. | |
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| To: | | · · · · · · · · · · · · · · · · · · · |
| | Division of Corporations | •• |
| | Fax Number : (850)617-6381 | 3. |
| From: | | |
| | Account Name : LAZARUS CORPORATE FILING SERVICE, INC. | · :1 |
| | Account Number : I20000000019 | . بين مقب |
| | Phone : (305)552-5973 | وليز |
| | Fax Number : (305)675-5944 | |
| **Ente | er the email address for this business entity to be used for annual report mailings. Enter only one email address please. | future ** |
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| | annual report mailings. Enter only one email address please. | future ** — |
| | annual report mailings. Enter only one email address please. | future ** — |
| | Email Address: FLORIDA LIMITED LIABILITY CO. | future ** |
| | FLORIDA LIMITED LIABILITY CO. USA SERVICE & TECHNICAL SOLUTIONS LLC | future |
| | FLORIDA LIMITED LIABILITY CO. USA SERVICE & TECHNICAL SOLUTIONS LLC Certificate of Status 1 Certified Copy 0 | future |
| | FLORIDA LIMITED LLABILITY CO. USA SERVICE & TECHNICAL SOLUTIONS LLC Certificate of Status | future ** |

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ARTICLES OF ORGANIZATION FOR FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company," L.L.C., "or "LLC.") |
|---|
| USA Service & Technical Solutions LLC |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 11700 West 60f Dr. #3 Building D Miami Florida 33167 |
| 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.) |
| Eylin Dominguez |
| 11700 West Golf DR. #3 |
| Building D Miami FL 3316 |
| ARTICLE IV- The name and title of each person authorized to manage and control the Limited Liability Company: Ellin Dominguez |
| (AMBR) |
| |
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| |

Required Signatures:

Signature of a member of 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)