## Flori a Department Avision of Ionation Electronic Filing Cover Sheet

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## FLORIDA LIMITED LIABILITY CO. CADELEC SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

T COLLINS

MAY 0 2 2018

## AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
CADELEC SOLUTIONS, LLC	W T C II WYY C II)
(Must contain the words "Limited Liabi	lity Company, "L.E.C.," or "LEC. )
ARTICLE II - Address: The mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1750 NORTH BAYSHORE DR	21117
APT: 2509	SAME
MIAMI, FL 33132	

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:

JONATHAN ALEX	AND <u>ER AGUILER</u>	<u>A</u>
	Name	
1750 NORTH BAY	SHORE DR APT: 25	509
	ss (P.O. Box <u>NOT</u> ac	
MIAMI	F <u>L</u>	33132
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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is attachment if necessary)  Effective date, if other than the date of filing:  date is listed, the date must be specific and cannot be more than five business days prior to or ing.)  date inserted in this block does not meet the applicable statutory filing requirements, this date will it of effective date on the Department of State's records.  COURSED SIGNATURE:
e attachment if necessary)  Effective date, if other than the date of filing:  (OPTIONAL)  re date is listed, the date must be specific and cannot be more than five business days prior to or ing.)  date inserted in this block does not meet the applicable statutory filing requirements, this date will:  t's effective date on the Department of State's records.  1: Other provisions, if any.
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ing.) date inserted in this block does not meet the applicable statutory filing requirements, this date will the effective date on the Department of State's records.  It: Other provisions, if any.
OUTRED SIGNATURE:
$A/I \in I/I$
Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605 0203 (1) (b), Plorida Statute I am aware that any false information submitted in a document to the Department of Statute constitutes a third degree felony as provided for in s.817.155, F.S.
JONATHAN ALEXANDER AGUILERA
Typed or printed name of signee
Filing Fees:
25.00 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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