

6/28/2018

Division of Corporations

# L18000158263

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

From:  
Account Name : QUINTERO & ASOCIADOS  
Account Number : I20160000101  
Phone : (800)960-8260  
Fax Number : (305)437-8182

**\*\*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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**FLORIDA LIMITED LIABILITY CO.  
CONTINENTAL SERVICES TP LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
OF  
CONTINENTAL SERVICES TP LLC**

The undersigned, for the purpose of forming a Florida Limited Liability Company, hereby adopts the following Articles of Organization:

**Article I**

The name of the Limited Liability Company is:

**CONTINENTAL SERVICES TP LLC**

**Article II**

The principal office address of the Limited Liability Company is:

**16665 TAVIRA DR  
KISSIMMEE FLORIDA 34787**

The mailing address of the Limited Liability Company is:

**16665 TAVIRA DR  
KISSIMMEE FLORIDA 34787**

**Article III**

The purpose for which this Limited Liability Company is organized is:

**ANY AND ALL LAWFUL BUSINESS.**

**Article IV**

The name and Florida street address of the registered agent is:

**QUINTERO & ASOCIADOS DESPACHO DE ABOGADOS INC  
2200 NW 72<sup>ND</sup> AVE #523223  
MIAMI, FL. 33152**

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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..

Electronic Signature of Registered Agent: **LALINE CAMACHO**

By and into name of **QUINTERO & ASOCIADOS DESPACHO DE ABOGADOS INC**

### **Article V**

The name and address of the authorized representative is:

**MOISES TOSELLO**

**16665 TAVIRA DR**

**KISSIMMEE FLORIDA 34787**

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this Limited Liability Company and every year thereafter to maintain "active" status.

Electronic Signature of Authorized Representative: **ANDRES DE JESUS GUZMAN BARBOSA**

### **Article VI**

The name and address of each person authorized to manage and control the Limited Liability Company is/are:

Title: **AMBR - PRESIDENT**

**MOISES TOSELLO**

**16665 TAVIRA DR**

**KISSIMMEE FLORIDA 34787**

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Title: AMBR – VICEPRESIDENT

**SIMON VALENCIA**

**16665 TAVIRA DR**

**KISSIMMEE FLORIDA 34787**

Title: AMBR – PRODUCTION MANAGER

**GABRIEL TOSELLO**

**16665 TAVIRA DR**

**KISSIMMEE FLORIDA 34787**

Title: AMBR – FINANCE MANAGER

**GABRIEL TOSELLO**

**16665 TAVIRA DR**

**KISSIMMEE FLORIDA 34787**

Title: AMBR – HUMAN RESOURCES MANAGER

**DANIEL TOSELLO**

**16665 TAVIRA DR**

**KISSIMMEE FLORIDA 34787**

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Site Web: [www.quinteroymasociados.com](http://www.quinteroymasociados.com) E-mail: [info@quinteroymasociados.com](mailto:info@quinteroymasociados.com)