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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

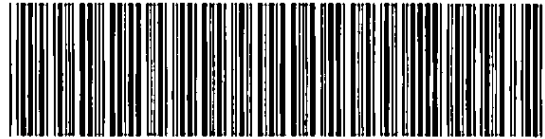
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2018 JUL -5 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N CULLIGAN

JUL 9 2018

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: DOCUMENT TECHNOLOGY SOLUTIONS LLC.  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAUL MAURICE BROWN

Name of Person

DOCUMENT SOLUTIONS LLC.

Firm/Company

6206 SUITE FOREST CITY RD. SUITE C

Address

ORLANDO, FLORIDA 32810

City/State and Zip Code

LEALLUCCA@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL M. BROWN

407

882-3432

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☐

\$130.00 Filing Fee &  
Certificate of Status

☐

\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒

\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2018 JUL -5 AM 9:50

DOCUMENT TECHNOLOGY SOLUTIONS LLC.

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

6206 SUTTE C  
FOREST CITY ROAD  
ORLANDO, FLORIDA 32810

SAME AS PRINCIPLE OFFICE

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:

PAUL MAURICE BROWN  
Name  
6206 FOREST CITY ROAD, SUTIE C  
Florida street address (P.O. Box **NOT** acceptable)  
ORLANDO FL 32810  
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..*

*Paul M. Brown*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR/MGR

FRANK ALEXANDER  
11870 LAKE ELLEN DRIVE  
LARGO, FL. 33773-2948

AMBR/MGR

PAUL MAURICE BROWN  
9705 HICKERY HOLLOW ROAD, LOT 40  
LEESBURG, FL. 34788

AMBR/MGR

LARRY FALLUCCA  
4502 WEEPING WILLOW CIR.  
CASSELBERRY, FL. 32707

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: N/A, (OPTIONAL)

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

*Paul M. Brown*

Signature of a member or an authorized representative of a member.  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

PAUL MAURICE BROWN

Typed or printed name of signer

**Filing Fees:**

- \$125.00 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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TALLAHASSEE, FLORIDA