

8/6/2018

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13055036701 From: Andres Rodriguez

**UAD00188741**

# Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : R&P ACCOUNTING AND TAXES INC  
Account Number : I20170000090  
Phone : (305)358-1310  
Fax Number : (305)503-6701

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

Email Address: ared8723@gmail.com

## FLORIDA LIMITED LIABILITY CO. BIBS CONSULTING HOST & TECH LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 05       |
| Estimated Charge      | \$125.00 |

2018 AUG -6 PM 4:59

FLORIDA  
DIVISION OF  
CORPORATIONS  
REGISTRATION SERVICES

18 AUG -6 PM 1:45

Electronic Filing Menu

Corporate Filing Menu

Help

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

**ARTICLE I**

*The name of the Limited Liability Company and Effective day is:*

***BIBS CONSULTING HOST & TECH LLC***

*(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")*

**ARTICLE II**

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

***Principal Office Address***  
***1865 BRICKELL AVE A1411***  
***MIAMI, FL 33129***

***Mailing Address***  
***1865 BRICKELL AVE A1411***  
***MIAMI, FL 33129***

18 AUG - 6 PM 1:45

### **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:*

**R&P ACCOUNTING & TAXES, INC**

Name

**200 SE 1<sup>ST</sup> STREET, SUITE #604**

*Florida Street address (P.O. Box NOT acceptable)*

**MIAMI, FL 33131**

*FL City, State, and 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*

X-----

***Registered Agent's Signature (REQUIRED)***

## ***ARTICLE IV***

***MGR=Manager(s) or AMBR= AUTHORIZED Member(s):***

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

***Title:***

***GUSTAVO MARIO MARQUEZ  
1865 BRICKELL AVE A1411  
MIAMI, FL 33129***

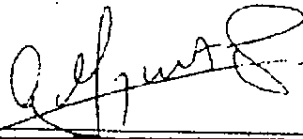
***AUTHORIZED MEMBER 100%***

## ***ARTICLE V***

***Effective date, if other than the date of filing (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.)***

**REQUIRED: SIGNATURE**

X   
\_\_\_\_\_  
*Signature of a member or an authorized representative of a member.*

**GUSTAVO MARIO MARQUEZ**

*(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.)*

**ARTICLE VI**

*The Florida Limited Liability Company will engage in any activity or business permitted under the laws of the State of Florida and the United States of America.*

***The main objective of the company is: CONSULTING, HOSTING SERVICES & TECHNICAL SERVICES.***